Reference Screens

03/30/2016
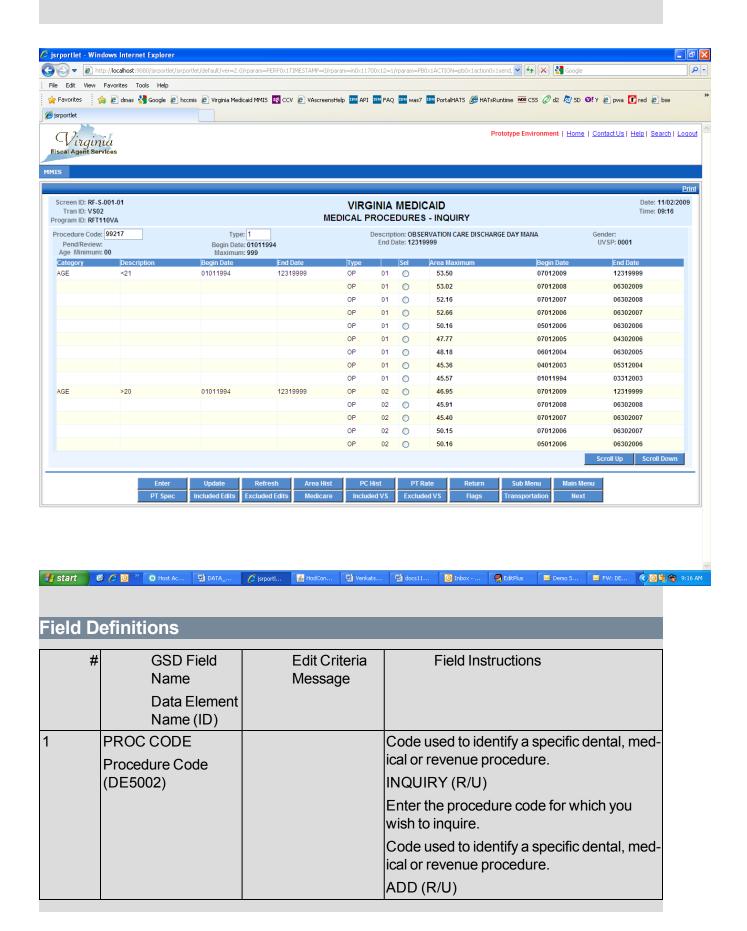
Screens RF-S-001-01 Medical Procedures

General Information

The Medical Procedures screen presents a scrollable list of area maximum charges and professional components, along with procedure description, begin and end dates, minimum and maximum age, and gender restrictions for a specific medical procedure. This screen is invoked from the Reference Subsystem Menu (RF-S-004) by selecting medical procedures, entering a procedure code, and pressing ENTER.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT110
MAPSET	RF110
TRAN ID	VS02 (Inquiry), VS03 (Update), VS04 (Add)

SAMPLE	Medical Procedures (RF-S-001-01)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROC CODE Procedure Code (DE5002)		Code used to identify a specific dental, medical or revenue procedure. INQUIRY (R/U) Enter the procedure code for which you wish to inquire. Code used to identify a specific dental, medical or revenue procedure. ADD (R/U)

			Enter the procedure code you wish to add.
			UPDATE (R/U)
			Enter the procedure code which you wish to change.
2	TYPE Procedure Code Type (DE5001)	Edits: Value must be equal to one of the Valid Values for the data element. Messages: INVALID VALUE	Identifies a record on the Procedure File as being dental, medical, revenue or ICD procedure. Use the On-line HELP system to find valid codes. Enter a code and choose Enter to view data for a different type. Identifies a record on the Procedure File as being dental, medical, revenue or ICD procedure. Use the On-line HELP system to find valid codes. Value must be equal to one of the Valid Values for the data element. ADD (R/U) Enter the appropriate Type code. UPDATE (R/U) Enter the appropriate Type code.
3	DESC Procedure Short Name (DE5015)		Description of the procedure code in lay terminology. Description of the procedure code in lay terminology. ADD (O/U) Enter the description of the procedure code in lay terminology. UPDATE (O/U) Enter the change to the description of the procedure code.
4	SEX Valid Sex Code (DE5011)	Edits: Valid values are 'F' (female), 'M' (male), or space (no restriction).	Sex of the enrollee to which a procedure is restricted. Sex of the enrollee to which a procedure is restricted. Valid codes are 'F'(female), 'M' (male), or space (no restriction). ADD (O/U) Enter the sex code of the enrollee to which a procedure is restricted. UPDATE (O/U) Enter the change to the sex code of the enrollee to which a procedure is restricted.
5	P/R	Edits:	This indicator determines whether the pro-

	Procedure Pend Review Indicator (DE5007)	Must be valid value: (space (Do not pend), 'P' (pend any claim), For HCPCS and ICD: 'B' Pend for Professional Service Review (Ster-/Hist/Abort Consent), 'E' Pend for Professional Services Review (Material and Infant Care Coordination Documentation), 'O' Pend for Professional Service Review (Outpatient Surgery), 'R' Pend for Professional Service Review (Risk Screen), and 'S' Pend for Professional Service Review (EPSDT) Covered Services (HCPCS only).	cedure should be approved, pended, or denied. This indicator determines whether the procedure should be approved, pended, or denied. Use the On-line HELP system to find valid codes. ADD (O/U) Enter the indicator which determines whether the procedure should be approved, pended, or denied. UPDATE (O/U) Enter the change to the indicator which determines whether the procedure should be approved, pended, or denied.
6	BEGIN Procedure Coverage Begin Date (DE5003)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Procedure Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Beginning date of coverage for a Procedure Code. Beginning date of coverage for a Procedure Code. Must be valid date format (mmddccyy). For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall after the Procedure Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (R/U) Enter the beginning date of coverage for the Procedure Code. UPDATE (R/U) Enter the change to the beginning date of coverage for the Procedure Code.
7	END	Edits:	Ending date of coverage for a Procedure Code.

	Procedure Coverage End Date (DE5004)	For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - Procedure Coverage End Date cannot be changed if there is another attribute being changed in the same transaction.	Ending date of coverage for a Procedure Code. Must be valid date format (mmddccyy). For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - Procedure Coverage End Date cannot be changed if there is another attribute being changed in the same transaction. ADD (O/U) Enter the ending date of coverage for the Procedure Code. UPDATE (O/U) Enter the change to ending date of coverage for the Procedure Code.
8	UVSP Procedure Maximum UVSP (DE5016)	Edits: Must be numeric.	Indicates the maximum units, visits, or services that applies to the procedure. Indicates the maximum units, visits, or services that applies to the procedure. Must be numeric. ADD (O/U) Enter the maximum units, visits, or services that applies to the procedure. UPDATE (O/U) Enter the changes to the maximum units, visits, or services that apply to the procedure.
9	AGE: MIN Procedure Minimum Age Limit (DE5009)	Edits: Must be numeric	Minimum age of the enrollee to which a procedure is restricted. Minimum age of the enrollee to which a procedure is restricted. Must be numeric. ADD (O/U) Enter the minimum age of the enrollee to which a procedure is restricted. UPDATE (O/U) Enter the change to the minimum age of the enrollee to which a procedure is restricted.

10	AGE: MAX Procedure Maximum Age Limit (DE5010)	Edits: Must be numeric	Maximum age of the enrollee to which a procedure is restricted. Maximum age of the enrollee to which a procedure is restricted. Must be numeric. ADD (O/U) Enter the maximum age of the enrollee to which a procedure is restricted. UPDATE (O/U) Enter the change to the maximum age of the enrollee to which a procedure is restricted.
11	CAT Region Type (DE5244)	Edits: Required if pricing is entered. Must be valid region type (HH, HO, WV, MH, AGE, OTH) for procedure pricing.	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Required if pricing is entered. Must be valid region type (HH, HO, WV, MH, AGE, OTH) for procedure pricing. Use the On-line HELP system to find valid codes. ADD (C/U) Enter the code which is used to divides the State into various Regions. UPDATE (C/U) Enter the change to the code which is used to divides the State into various Regions.
12	CATEGORY EFFECTIVE DATE Procedure Category Begin Date (DE5134)		Category Effective Date for the associated procedure rate amounts. System Displayed. Category Effective Date for the associated procedure rate amounts. System will automatically determine the effective date based on the earliest effective date for the associated rates.
13	CATEGORY END DATE		Category End Date for the associated procedure rate amounts. System Displayed.

	Procedure Category End Date (DE5135)		Category End Date for the associated procedure rate amounts. System will automatically determine the effective date based on the earliest effective date for the associated rates.
14	DESCRIPTION Region Name (DE5250)		Indicates the name of the Region Code. Indicates the name of the Region Code. System Displayed.
15	RATE TYPE Procedure Rate Type (DE5153)	Edits: Must be IP, OP, IPPC, or OPPC.	The Procedure Rate Type which will be 'IP' (Inpatient), 'OP' (Outpatient), IPPC (Inpatient Professional Component), or OPPC (Outpatient Professional Component). The Procedure Rate Type. Valid values are 'IP' (Inpatient), 'OP' (Outpatient), IPPC (Inpatient Professional Component), or OPPC (Outpatient Professional Component).
16	REGION CODE Region Code (DE5249)	Edits: Must be a valid region for the category	Indicates the region under the organization to which the FIPS code belongs. Indicates the region under the organization to which the FIPS code belongs. ADD (C/U) Enter the Region Type code to which the FIPS code belongs. UPDATE (C/U) Enter the change to the Region Type code to which the FIPS code belongs.
17	X (DE0000)	Edits: Valid values are 'X' or space; selects pricing history.	The selection field to view data on pricing or rate screens. INQUIRY (O/U) Enter an 'X' beside the field in which you wish to inquire history data. The selection field to only view data on pricing or rate screens.
18	AREA MAXIMUM Procedure Amount (DE5047)	Edits: Must be numeric or 'IC'.	Area maximum amount allowable to be paid to a physician for an inpatient procedure or service. Area maximum amount allowable to be paid to a physician for an inpatient procedure or service. Must be numeric or 'IC'. ADD (O/U)

			Enter the allowable payable amount for a procedure or service. UPDATE (O/U) Enter the change to the allowable payable amount for a procedure or service.
19	RATE EFFECTIVE DATE Procedure Amount Effective Date (DE5046)	Edits: Must be valid date format (mmddccyy); must be greater than previous effective date Required if new rate entered. Date cannot overlap date spans for other rates within the same region. In addition, the date cannot cause category date span overlaps. It must fall specifically within one set of dates for the category. Also, categories cannot overlap. See value sets RFT110VA PROC CATG OVERLAP 1 (thru 5) for the exception to this rule. Categories listed within the same value set can overlap with each other.	Effective date of associated amount. Effective date of associated amount. Must be valid date format (mmddccyy); must be greater than previous effective date. Must be greater than or equal to the procedure effective date. ADD (O/U) Enter the effective date of the allowable payable amount. UPDATE (O/U) Enter the change to the effective date of the allowable payable amount.
20	RATE END DATE Procedure Rate End Date (DE5138)	Edits: Must be valid date format (mmddccyy); must be greater than or equal to effective date. If not entered default of 12/31/9999 used. Date cannot overlap date spans for other rates within the same	Effective date of associated professional component amount. End date of associated procedure amount. If entered, must be valid date format (mmddccyy); must be greater than or equal to the corresponding effective date. Date must not overlap any other date span for the category, region, and type ADD (C/U) Enter the end date of the associated procedure amount. UPDATE (C/U)

		region. In addition, the date cannot cause category date span overlaps. It must fall specifically within one set of dates for the category. Also, categories cannot overlap. See value sets RFT110VA PROC CATG OVERLAP 1 (thru 5) for the exception to this rule. Categories listed within the same value set can overlap with each other.	Enter the change to the end date of the associated procedure amount.

NAVIGATION	**Medical Procedures (RF-S-001-01)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through area maximum/professional component data	PS-S-000 ()
ENTER	Validates data changed on the screen in Add/Update mode only; selects another procedure if entered.	N/A
EXCL EDITS	Invokes edit criteria directory screen by procedure code that lists all of the edits for which there are value sets that do NOT include the procedure/revenue code.	N/A
EXCLUDE VS	Invokes value set directory screen that displays a list of value sets that this procedure/revenue code is not included in.	PS-S-000 (B)
SUB MENU	Returns to Reference Subsystem Menu without updating	N/A
FLAGS	Invokes procedure flags screen	PS-S-026 (B)
SCROLL DOWN	Scrolls forward through area maximum/professional component data	N/A
AREA HIST (area max)	Invokes history of area maximum rate data	PS-S-013 (B)
PC HIST (PC)	Invokes history of professional component data	PS-S-023 (B)
INCL EDITS	Invokes edit criteria directory screen by procedure code that lists all of the edits for which there are value	N/A

	sets that include the procedure/revenue code.	
INCLUDE VS	Invokes value set directory screen that displays a list of value sets that this procedure/revenue code is included in.	N/A
MAIN MENU	Returns to the MMIS Main Menu	N/A
MCARE	Displays Medicare data for procedure	N/A
NEXT	Displays second screen of procedure data	N/A
PT RATE	Invokes provider type rate calculation screen	RF-S-010 (B)
PT/SPEC	Invokes provider type and specialty screen	PS-S-007 (B)
REFRESH	Rereads and returns most current data to screen.	N/A
RETURN	Returns back to the invoking program	N/A
TRANS	Displays transportation rates (if available) for the procedure.	RF-S-001-01 RF-S-001-08 RF-S-001-09 (B)
UPDT	Validates and updates data on screen if no errors are found in Add/Update mode only. Not valid in Inquiry mode.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept trans-action with

		errors to generate TAD.
5073	CANNOT UPDATE PROCEDURE CODE	Enter a valid Procedure code.
95	CICS ERROR	Contact ACS Operations for assistance.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
5323	DUPLICATE RATE FOUND	Research the Field Definitions for specifications for this field.
5306	END DATE LESS THAN BEGIN DATE	Enter an end date falling on or after the begin date.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
87	INVALID SELECTION	Selection is invalid for this mode, enter another function.
5222	INVALID SELECTION ENTRY; MUST ENTER 'X'	Check field for valid data and re-enter.
5378	MINIMUM AGE CANNOT BE GREATER THAN MAXIMUM AGE	Enter a Minimum age less than Maximum age.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted

		fields and choose Enter.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED	Information message. No action needed.
5128	PLEASE MAKE A SELECTION	Information message.
5075	PROCEDURE CODE NOT FOUND	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Main Menu (RF-S-004).

3. Select Medical from the drop-menu in the Procedure section.

4. Choose the Add or Update radio button in the Function field.

5. Enter a procedure code in the Value field.

6. Choose Enter.

7. You see the Medical Procedures (RF-S-001-01) screen.

New Screen Functionality: The begin date/end date parameters have changed for these date fields:

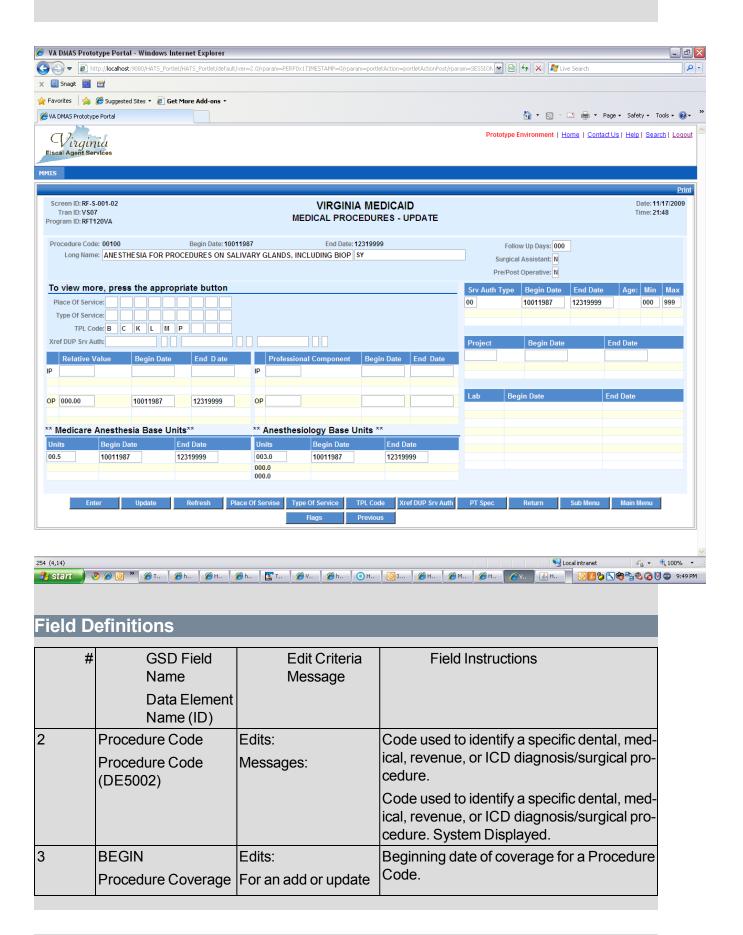| |
|---|
| Area Effective Date |
| Area End Date |
| |
| As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter and must not overlap with the date span of other rates in the same region. See the field instructions in this user manual for specific Begin / End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Subsystem. |

Screens RF-S-001-02 Medical Procedures

General Information

The second page of the Medical Procedures screen presents additional procedure specific data associated with the procedure being viewed.   This screen is invoked from the Medical Procedures (page1) screen (RF-S-001-01) by pressing NEXT.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT120
MAPSET	RF120
TRAN ID	VS06 (Inquiry), VS07 (Update), VS08 (Add)

SAMPLE	Medical Procedures (RF-S-001-02)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	Procedure Code Procedure Code (DE5002)	Edits: Messages:	Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. System Displayed.
3	BEGIN Procedure Coverage	Edits: For an add or update	Beginning date of coverage for a Procedure Code.

	Begin Date (DE5003)	transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Procedure Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Procedure Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.
4	END Procedure Coverage End Date (DE5004)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Procedure Coverage Date can be a prior date, the current date, or a future date so long as all other edits are adhered to.	Ending date of coverage for a Procedure Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Procedure Coverage Date can be a prior date, the current date, or a future date so long as all other edits are adhered to.
5	Follow Up Days Number of Follow-up Days (DE5171)	Edits: Must be numeric Messages:	Indicates the number of days for normal uncomplicated follow-up care that will be covered by the surgical procedure reimbursement. Indicates the number of days for normal uncomplicated follow-up care that will be covered by the surgical procedure reimbursement. Must be numeric. ADD (O/U) Enter the number of days for follow-up care covered by the procedure reimbursement. UPDATE (O/U)

			Enter the change to the number of days for follow-up care covered by the procedure reimbursement.
6	Long Name Procedure Long Name (DE5012)	Edits: Messages:	Generally accepted nomenclature of a procedure. Generally accepted nomenclature of a procedure. ADD (O/P) Enter the name for the accepted procedure. UPDATE (O/P) Enter the changes to the name for the accepted procedure.
7	Surgical Assistant Surgical Assistant Reimbursed Indicator (DE5167)	Edits: Valid values are 'Y' (Surgical assistant may be reimbursed), and 'N' (Surgical assistant may not be reimbursed) Messages:	Indicates procedures for which a surgical assistant may be reimbursed. Indicates procedures for which a surgical assistant may be reimbursed. Valid codes are 'Y' (Surgical assistant may be reimbursed), and 'N' (Surgical assistant may not be reimbursed). The field may also be blank. ADD (O/U) Enter the indicator for reimbursement for procedures by a surgical assistant. UPDATE (O/U) Enter the change to the indicator for reimbursement for procedures by a surgical assistant.
8	Pre/Post Operative Pre/Post Operative Services Indicator (DE5172)	Edits: Valid values are 'Y' (Includes pre and post-operative services) and 'N' (Does not include variable pre and post-operative services) Messages:	Indicates if procedure includes pre and post operative care. Indicates if procedure includes pre and post operative care. Valid codes are 'Y' (Includes pre and post-operative services) and 'N' (Does not include variable pre and post-operative services). ADD (O/U) Enter the indicator to show if procedures include pre and post operative card. UPDATE (O/U) Enter the change to the indicator to show if procedures include pre and post operative card.
9	Place of Service	Edits:	Indicates a procedure is restricted to a par-

	Claim Professional Place of Service (DE2173)	Must be a valid Place of Service Code (see CP_PLACE_OF_SERV table). Messages:	ticular place of service. Indicates a procedure is restricted to a particular place of service. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter a valid place of service code. UPDATE (O/U) Enter a change to the valid place of service code.
10	Type of Service Claim Type of Service (DE2072)	Edits: Must be a valid Type of Service Code (see CP_TYPE_SERVICE table). Messages:	Indicates the type of service(s) to which the procedure may be restricted. Indicates the type of service(s) to which the procedure may be restricted. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter a valid type of service code. UPDATE (O/U) Enter a change to the valid type of service code.
11	TPL Code TPL Code (DE5422)	Edits: Must be a valid TPL Code (see Codes Value table). Messages:	Indicates the list of Third Party Liability codes that may be billed for this procedure. Indicates the list of Third Party Liability codes that may be billed for this procedure. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter a valid Third Party Code that may be billed for this procedure. UPDATE (O/U) Enter the change to a valid Third Party Code that may be billed for this procedure.
12	Xred: DUP: PA Cross Reference Procedure Code (DE5164)	Edits: Enter a Procedure Code or NDC. The only edits on this field are: For an entry to be considered a Procedure Code, it must be a minimum of 3	An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). Must be 5 or 11 digits. ADD (O/U)

		characters or no more than 5 characters. For an entry to be considered to be an NDC Code, the data entered must be 11 positions. There is no comparison of the data entered to the Procedure or NDC tables to validate the code. Messages:	Enter the cross reference of a deleted code or a code that is not valid for Medicare to a current valid code. UPDATE (O/U) Enter the change to the cross reference of a deleted code or a code that is not valid for Medicare to a current valid code.
13	IP Relative Value Relative Value Procedure Amount (DE5157)	Edits: Rate type 'IP'; must be numeric or 'IC'. Messages:	Unit value of the inpatient procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required. Unit value of the inpatient procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required. Must be numeric. ADD (O/U) Enter the unit value of the inpatient procedure relative to other procedures. UPDATE (O/U) Enter the change to the unit value of the inpatient procedure relative to other procedures.
14	BEGIN Relative Value Procedure Begin Date (DE5158)	Edits: Rate type 'IP'; required if IP RV entered. Required if relative value entered/changed. For an add or update transaction, the data must be a valid date	Beginning date of inpatient Relative Value. Rate type 'IP'; required if IP RV entered. Required if relative value entered/changed. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Relative Value

		(MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Relative Value Procedure End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Procedure End Date. ADD (C/U) Enter the beginning date for the inpatient Relative Value. For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. Date may not fall after the Relative Value Procedure End Date. UPDATE (C/U) This date may be changed for an update.
15	END Relative Value Procedure End Date (DE5159)	Edits: Rate type 'IP. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Relative Value Procedure Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is null or a future date, it may be changed, and its value may be a prior date, current date, or another future date-- so long as all other edits are adhered to.	Ending date of inpatient Relative Value. Ending date of inpatient Relative Value. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. Date may not fall before the Relative Value Procedure Begin Date. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. Date may not fall before the Relative Value Procedure Begin Date. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. ADD (O/U) Enter the ending date of the inpatient Relative Value. UPDATE (O/U) Enter the change to the ending date of the inpatient Relative Value.
16	IP Professional Component Relative Value Pro-	Edits: Rate type 'IPPC' ; must be numeric or	Unit value of the inpatient professional component procedure relative to other procedures. The Relative Value System (RVS)

	cedure Amount (DE5157)	'IC'. Messages:	is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required.
			Unit value of the inpatient professional component procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required. Must be numeric.
			ADD (O/U)
			Enter the unit value of the inpatient professional component procedure relative to other procedures.
			UPDATE (O/U)
			Enter the change to the unit value of the inpatient professional component procedure relative to other procedures.
17	BEGIN Relative Value Procedure Begin Date (DE5158)	Edits: Rate type 'IPPC; required if IP PC entered. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Relative Value Procedure End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Beginning date of inpatient professional component Relative Value. Beginning date of inpatient professional component Relative Value. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Relative Value Procedure End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (C/U) Enter the beginning date of inpatient professional component Relative Value. UPDATE (C/U) Enter the change to the beginning date of inpatient professional component Relative Value. This date may be changed for an update.
18	END	Edits:	Ending date of inpatient professional com-

	Relative Value Procedure End Date (DE5159)	Rate type 'IPPC'. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Relative Value Procedure Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	ponent Relative Value. Ending date of inpatient professional component Relative Value. Date may not fall before the Relative Value Procedure Begin Date. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Relative Value Procedure Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. ADD (O/U) Enter the ending date of inpatient professional component Relative Value. UPDATE (O/U) Enter the change to the ending date of inpatient professional component Relative Value. End Date can not be changed if there is another attribute being changed in the same transaction.
19	OP Relative Value Relative Value Procedure Amount (DE5157)	Edits: Rate type 'OP'; must be numeric or 'IC'. Messages:	Unit value of the outpatient procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required. Unit value of the outpatient procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required. Must be numeric.

			ADD (O/U)
			Enter the unit value of the outpatient procedure relative to other procedures.
			UPDATE (O/U)
			Enter the change to the unit value of the outpatient procedure relative to other procedures.
20	BEGIN Relative Value Procedure Begin Date (DE5158)	Edits: Rate type 'OP'; required if OP RV entered. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Relative Value Procedure End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Beginning date of outpatient Relative Value. Beginning date of outpatient Relative Value. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Relative Value Procedure End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (C/U) Enter the beginning date for the outpatient Relative Value. The date can fall before a prior date, on the current date, or on a future date. UPDATE (C/U) Enter the change to the beginning date for the outpatient Relative Value.
21	END Relative Value Procedure End Date (DE5159)	Edits: Rate type 'OP'. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Relative Value Procedure Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits	Ending date of outpatient Relative Value. Ending date of outpatient Relative Value. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Relative Value Procedure Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.

		are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	ADD (O/U) Enter the ending date of the outpatient Relative Value. UPDATE (O/U) Enter the change to the ending date of the outpatient Relative Value.
22	OP Professional Component Relative Value Procedure Amount (DE5157)	Edits: Rate type 'OPPC'; must be numeric or 'IC'. Messages:	Unit value of the outpatient professional component procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required. Unit value of the outpatient professional component procedure relative to other procedures. The Relative Value System (RVS) is a physician, laboratory and x-ray reimbursement methodology based upon a system of relative weights assigned to each procedure which relate to the intensity of the resources required. Must be numeric. ADD (O/U) Enter the unit value of the outpatient professional component procedure relative to other procedures. Update (O/U) Enter the change to the unit value of the outpatient professional component procedure relative to other procedures.
23	BEGIN Relative Value Procedure Begin Date (DE5158)	Edits: Rate type 'OPPC'. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall	Beginning date of outpatient professional component Relative Value. Beginning date of Outpatient Professional Component Relative Value. Required if OP PC entered. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Relative Value Procedure End Date. - For an ADD transaction, the date can fall

		after the Relative Value Procedure End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	before a prior date, on the current date, or on a future date. ADD (C/U) Enter the beginning date of outpatient professional component Relative Value. UPDATE (C/U) Enter the change to the beginning date of outpatient professional component Relative Value.
24	END Relative Value Procedure End Date (DE5159)	Edits: Rate type 'OPPC'. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Relative Value Procedure Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	Ending date of outpatient professional component Relative Value. Ending date of outpatient professional component Relative Value. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Relative Value Procedure Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. ADD (O/U) Enter the ending date of outpatient professional component Relative Value. UPDATE (O/U) Enter the change to the ending date of outpatient professional component Relative Value.
25	Medicare Anethesia Base Units (QTY) Medicare Anesthesia Relative Value (DE5160)	Edits: Must be numeric. Messages:	The base unit represents the level of intensity for anesthesia procedure services that reflects all activities except time. These activities include usual preoperative and post-operative visits, the administration of fluids and/or blood incident to anesthesia care, and monitoring procedures. (Note: The payment amount for anesthesia services is based on a calculation using base unit, time units, and the conversion factor.) The base unit represents the level of intens-

			ity for anesthesia procedure services that reflects all activities except time. These activities include usual preoperative and post-operative visits, the administration of fluids and/or blood incident to anesthesia care, and monitoring procedures. (Note: The payment amount for anesthesia services is based on a calculation using base unit, time units, and the conversion factor.) Must be numeric. ADD (O/U) Enter the base unit that represents the level of intensity for anesthesia procedure services that reflects all activities except time. UPDATE (O/U) Enter the change to the base unit that represents the level of intensity for anesthesia procedure services that reflects all activities except time.
26	BEGIN Medicare Anesthesia Relative Value Begin Date (DE5161)	Edits: Required if Medicare Anes Base entered. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Medicare Anesthesia Relative Value End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Beginning date of Medicare Anesthesia Base Units Quantity. Beginning date of Medicare Anesthesia Base Units Quantity. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Medicare Anesthesia Relative Value End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (C/U) Enter the beginning date of Medicare Anesthesia Base Units Quantity. The date can fall before a prior date, on the current date, or on a future date. UPDATE (C/U) Enter the change to the beginning date of Medicare Anesthesia Base Units Quantity.
27	END Medicare Anesthesia Relative Value End Date (DE5162)	Edits: For an add or update transaction, the data must be a valid date	Ending date of Medicare Anesthesia Base Quantity. Ending date of Medicare Anesthesia Base Quantity. For an add or update transaction,

		(MMDDCCYY) and pass a basic date edit. - Date may not fall before the Medicare Anesthesia Relative Value Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Medicare Anesthesia Relative Value Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. ADD (O/U) Enter the ending date of Medicare Anesthesia Base Quantity. UPDATE (O/U) Enter the change to the ending date of Medicare Anesthesia Base Quantity.
28	Anesthesiology Base Units (TIME) Anesthesiology Base Units (DE5050)	Edits: Messages:	A method of charging Medicaid for Anesthesia services where Base Units represent time (00-60 for Medical). A method of charging Medicaid for Anesthesia services where Base Units represent time (00-60 for Medical). ADD (O/U) Enter the units of charging Medicaid for Anesthesia services where Base Units represent time. UPDATE (O/U) Enter the change to the units of charging Medicaid for Anesthesia services where Base Units represent time.
29	BEGIN Anesthesiology Base Units Begin Date (DE5051)	Edits: Required if Base Units entered. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update.	Effective date for Anesthesiology Base Time. Effective date for Anesthesiology Base Time. Required if Base Units entered; must be valid date format (mmddccyy). For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Anesthesiology Base Units End Date.

		- Date may not fall after the Anesthesiology Base Units End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	- For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (C/U) Enter the effective date for Anesthesiology Base Time. The date can fall before a prior date, on the current date, or on a future date. UPDATE (C/U) Enter the change to the effective date for Anesthesiology Base Time.
30	END Anesthesiology Base Units End Date (DE5163)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Anesthesiology Base Units Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date-- so long as all other edits are adhered to.	Ending date of Anesthesiology Base Time. Ending date of Anesthesiology Base Time. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Anesthesiology Base Units Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date-- so long as all other edits are adhered to. ADD (O/U) Enter the ending date of Anesthesiology Base Time. UPDATE (O/U) Enter the change to the ending date of Anesthesiology Base Time.
31	(PA) Type Procedure PA Type (DE5017)	Edits: 00 - No PA required 01 - Always needs PA 02 - Only needs PA if service limits are exceeded 03 - Always needs PA, but monthly Messages:	Identifies the type of prior authorization required by the procedure. Identifies the type of prior authorization required by the procedure. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the valid type of prior authorization required by the procedure.

			UPDATE (O/U)
			Enter the change to the valid type of prior authorization required by the procedure.
32	PA Type Begin PA Type Effective Date (DE5018)	Edits: Must be a valid date format (mmddccyy). Required if PA type entered/changed.	Indicates the date that the PA type is effective. Indicates the date that the PA type is effective. Must be a valid date format (mmddccyy). This date may be changed for an update. Date may not fall after the PA Type End Date. For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (C/U) Enter the date that the PA type is effective. UPDATE (C/U) Enter the change to the date that the PA type is effective.
33	(PA Type) End PA Type End Date (DE5120)	Edits: Messages:	Indicates the date that the PA type ends. Indicates the date that the PA type ends. Format is MMDDCCYY. This date may be changed for an update. Date may not before the PA Type Begin Date. For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (O/U) Enter the date the PA type ends. UPDATE (O/U) Enter the change to the PA type end date.
34	Age:Min Reference Procedure PA Type Age Minimum (DE5900)		The minimum age associated with the PA type for the procedure. The minimum age associated with the PA type for the procedure. ADD (R/U) Enter the minimum age associated with the PA type for the procedure. UPDATE (R/U) Enter the change to the minimum age associated with the PA type for the procedure.
35	Age:Max Reference Procedure PA Type Age		The maximum age associated with the PA type for the procedure. The maximum age associated with the PA

	Maximum (DE5975)		type for the procedure.
			ADD (R/U)
			Enter the maximum age associated with the PA type for the procedure.
			UPDATE (R/U)
			Enter the change to the maximum age associated with the PA type for the procedure.
36	Proj Reference Procedure TDO Project Code (DE5890)	Edits: Messages:	Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.
			Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.
			ADD (O/U)
			Enter the Project Code assigned to the procedure for a Temporary Detention Order claim.
			UPDATE (O/U)
			Enter the change to the Project Code assigned to the procedure for a Temporary Detention Order claim.
37	BEG Reference Procedure TDO Project Code Begin Date (DE5891)	Edits: Required if project code entered/changed. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Reference Procedure TDO Project Code End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	The date the Temporary Detention Order (TDO) Project Code is effective for the procedure. The date the Temporary Detention Order (TDO) Project Code is effective for the procedure. Required if project code entered/changed. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Reference Procedure TDO Project Code End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (C/U) Enter the date the Temporary Detention Order Project Code is effective for the procedure. UPDATE (C/U) Enter the change to the date the Temporary Detention Order Project Code is effective for the procedure.

38	END Reference Pro- cedure TDO Project Code End Date (DE5892)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Reference Procedure TDO Pro-ject Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	The date that the Temporary Detention Order (TDO) Project Code ends for the pro-cedure. The date (if present) that the Temporary Detention Order (TDO) Project Code ends for the procedure. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Reference Procedure TDO Project Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. ADD (O/U) Enter the date that the Temporary Deten-tion Order Project Code ends for the pro-cedure. UPDATE (O/U) Enter the change to the date that the Tem-porary Detention Order (TDO) Project Code ends for the procedure.
39	Lab Laboratory Code (DE5080)	Edits: Messages:	3 digit Medicare code used to identify the lab category that a lab procedure falls into. 3 digit Medicare code used to identify the lab category that a lab procedure falls into. System Displayed.
40	BEGIN Laboratory Code Begin Date (DE5081)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Laboratory Code Begin End Date.	Beginning date of type of certification for a Laboratory Code. Beginning date of type of certification for a Laboratory Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Laboratory Code Begin End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. Beginning date of type of certification for a Laboratory Code.

		- For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	
41	END Laboratory Code End Date (DE5082)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Laboratory Code Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	Ending date of type of certification for a Laboratory Code. Ending date of type of certification for a Laboratory Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Laboratory Code Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.

NAVIGATION	Medical Procedures (RF-S-001-02)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Validates data changed on the screen in Add/Update mode.	PS-S-014 ()
SUB MENU	Returns to Reference Subsystem Menu without updating	PS-S-000 (R)
FLAGS	Invokes procedure flags screen	N/A
MAIN MENU	Returns to the MMIS Main Menu.	RF-S-010 (R)
PLACE OF SERVICE (F21)	Replaces the Place of Service (POS) codes on the screen with additional Place of Service codes until positions allocated for POS is filled or no more codes. Display a message when the last code has	N/A

	been displayed. If the last code has been displayed and the MORE button is pressed, display the POS codes from the beginning.	
TYPE OF SERVICE (F22)	Replaces the Type of Service (TOS) codes on the screen with additional Type of Service codes until positions allocated for TOS is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the TOS codes from the beginning.	N/A
TPL CODE (F23)	Replaces the Third Party Liability (TPL) codes on the screen with additional TPL codes until positions allocated for TPL is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the TPL codes from the beginning.	N/A
XREF DUP SRV AUTH (F24)	Replaces the Xref codes on the screen with additional Xref codes until positions allocated for Xref is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the XREF codes from the beginning.	N/A
PREV	Returns to previous screen, perform updates where required	N/A
PT SPEC	Invokes provider type and specialty screen	PS-S-000 (B)
REFRESH	Rereads and displays the most current data on the screen.	N/A
RETURN	Return to invoking menu without updating	PS-S-001 (R)
UPDT	Validates and updates data changed on the screen if no errors are found in Add/Update mode. Not valid for Inquiry mode.	N/A

Error Messages

Error	Description	Resolution
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
5030	DATES OVERLAP EXISTING RECORD (S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
5321	DUPLICATE CROSS-REFERENCE	Research the Field Definitions for specifications

		for this field.
5315	DUPLICATE PLACE OF SERVICE	Research the Field Definitions for specifications for this field.
5319	DUPLICATE TPL	Research the Field Definitions for specifications for this field.
5317	DUPLICATE TYPE OF SERVICE	Research the Field Definitions for specifications for this field.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5074	END OF DATA PRESS SCROLL KEY AGAIN TO RESTART AT BEGINNING OF LIST.	Information message. No action needed.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
64	NO DATA TO SCROLL	Information message. No action needed.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED	Information message. No action needed.
5314	PLACE OF SERVICE NOT FOUND	Enter a valid place of service. See the Field Definitions for valid data for this field.
5075	PROCEDURE CODE NOT FOUND	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
5318	TPL CODE NOT FOUND	Enter a valid TPL code. See the Field Definitions for valid data for this field.
5316	TYPE OF SERVICE NOT FOUND	Research the type of service Field Definitions for data/formatting for this field. Enter a new type of service.
5388	XREF INVALID LENGTH FOR PROCEDURE OR NDC	Information message.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Medical from the drop-menu in the Procedure section.
4. Choose the Add or Update radio button in the Function field.
5. Enter a procedure code in the Value field.

6. Choose Enter.
7. You see the Medical Procedures (RF-S-001-01) screen.
8. Choose the Next button.
9. You see the Medical Procedures (RF-S-001-02) screen.
New Screen Functionality: The begin date/end date parameters have changed for these date fields:
Relative Value
Professional Component
Medicare Anasthesia
Anestheseology Base Units
PA Type
Project
As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin/End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Sub-system.

Screens RF-S-001-03 Medicare Maximum Data

General Information

The Medicare Maximum Data screen (RF-S-001-03) presents a scrollable list of Medicare Maximum Charges, Professional Component, and Technical Component provided by various carriers. This screen is invoked by pressing the MCARE button from the first screen of procedure data (RF-S-001-01 Medical procedures or RF-S-001-09 Home Health, Hospice, or Revenue codes). For identification purposes, some basic procedure data is repeated from the first screen of the procedure data onto the Medicare Maximum screen. Medicare maximum charge with associated begin and end dates, Medicare professional component with associated begin and end dates, and Medicare technical component are updated by authorized DMAS staff.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT130
MAPSET	RF130
TRAN ID	VS10 (Inquiry), VS11 (Update), VS12 (Add)

SAMPLE	Medicare Maximum Data (RF-S-001-03)

There is no Sample

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROC CODE Procedure Code (DE5002)		Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. System Displayed.
2	(PROCEDURE NAME) Procedure Short		Description of the procedure code in lay terminology. Description of the procedure code in lay ter-

	Name (DE5015)		minology. System Displayed.
3	BEG Procedure Coverage Begin Date (DE5003)		Beginning date of coverage for a Procedure Code. Beginning date of coverage for a Procedure Code. System Displayed.
4	END Procedure Coverage End Date (DE5004)		Ending date of coverage for a Procedure Code. Ending date of coverage for a Procedure Code. System Displayed.
5	CARRIER Medicare Carrier Name (DE5178)		Abbreviated name identifying the carrier for whom Medicare inpatient/outpatient charges are recorded. Abbreviated name identifying the carrier for whom Medicare inpatient/outpatient charges are recorded. ADD (O/U) Enter the abbreviated name identifying the carrier for whom Medicare inpatient/outpatient charges are recorded. UPDATE (O/U) Enter the change to the abbreviated name identifying the carrier for whom Medicare inpatient/outpatient charges are recorded.
6	IP AREA MAX Medicare Amount (DE5175)	Edits: Rate type 'IP'; must be numeric.	Indicates the inpatient Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type. Indicates the inpatient Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type. Must be numeric. ADD (O/U) Enter the inpatient Medicare payment/rate paid to a physician for the procedure. UPDATE (O/U) Enter the changes to the inpatient Medicare payment/rate paid to a physician for the procedure.
7	BEGIN Medicare Amount Begin Date (DE5176)	Edits: Rate type 'IP'; required if Medicare inpatient charge	Beginning date of inpatient Medicare Amount. Beginning date of inpatient Medicare Amount. Required if Medicare inpatient

		amount is entered; must be valid date format (mmddccyy).	charge amount is entered; must be valid date format (mmddccyy).
			ADD (C/U)
			Enter the beginning date of inpatient Medicare Amount.
			UPDATE (C/U)
			Enter the changes to the beginning date of inpatient Medicare Amount.
8	END Medicare Amount End Date (DE5177)	Edits: Rate type 'IP'; must be valid date format (mmddccyy) if entered.	Ending date of inpatient Medicare Amount.
			Ending date of inpatient Medicare Amount. Must be valid date format (mmddccyy) if entered.
			ADD (O/U)
			Enter the ending date of inpatient Medicare Amount.
			UPDATE (O/U)
			Enter the changes to the ending date of inpatient Medicare Amount.
9	OP AREA MAX Medicare Amount (DE5175)	Edits: Rate type 'OP'; must be numeric.	Indicates the outpatient Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type.
			Indicates the outpatient Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type. Must be numeric.
			ADD (O/U)
			Enter the outpatient Medicare payment/rate paid to a physician for the procedure.
			UPDATE (O/U)
			Enter the changes to the outpatient Medicare payment/rate paid to a physician for the procedure.
10	BEGIN Medicare Amount Begin Date (DE5176)	Edits: Rate type 'OP'; required if Medicare outpatient charge entered; must be valid date format (mmddccyy).	Beginning date of outpatient Medicare Amount.
			Beginning date of outpatient Medicare Amount. Required if Medicare inpatient charge amount is entered; must be valid date format (mmddccyy).
			ADD (C/U)
			Enter the beginning date of outpatient Medicare Amount.

| | | | UPDATE (C/U) |
			Enter the changes to the beginning date of outpatient Medicare Amount.
11	END Medicare Amount End Date (DE5177)	Edits: Rate type 'OP'; must be valid date format (mmddccyy) if entered.	Ending date of outpatient Medicare Amount.
			Ending date of outpatient Medicare Amount. Must be valid date format (mmddccyy) if entered.
			ADD (O/U)
			Enter the ending date of outpatient Medicare Amount.
			UPDATE (O/U)
			Enter the changes to the ending date of outpatient Medicare Amount.
12	IP PC Medicare Amount (DE5175)	Edits: Rate type 'IPPC'; must be numeric.	Indicates the inpatient professional component Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type.
			Indicates the inpatient professional component Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type. Must be numeric.
			ADD (O/U)
			Enter the inpatient professional component Medicare payment/rate paid to a physician for the procedure.
			UPDATE (O/U)
			Enter the changes to the inpatient professional component Medicare payment/rate paid to a physician for the procedure.
13	BEGIN Medicare Amount Begin Date (DE5176)	Edits: Rate type 'IPPC'; required if Medicare inpatient professional component charge entered; must be valid date format (mmddccyy).	Beginning date of inpatient professional component Medicare Amount.
			Beginning date of inpatient professional component Medicare Amount. Required if Medicare inpatient professional component charge entered; must be valid date format (mmddccyy).
			ADD (C/U)
			Enter the beginning date of inpatient professional component Medicare Amount.

			UPDATE (C/U)
			Enter the changes to the beginning date of inpatient professional component Medicare Amount.
14	END Medicare Amount End Date (DE5177)	Edits: Rate type 'IPPC'; must be valid date format (mmddccyy) if entered.	Ending date of inpatient professional component Medicare Amount.
			Ending date of inpatient professional component Medicare Amount. Must be valid date format (mmddccyy) if entered.
			ADD (O/U)
			Enter the ending date of inpatient professional component Medicare Amount.
			UPDATE (O/U)
			Enter the changes to the ending date of inpatient professional component Medicare Amount.
15	OP PC Medicare Amount (DE5175)	Edits: Rate type 'OPPC'; must be numeric.	Indicates the outpatient professional component Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type.
			Indicates the outpatient professional component Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type. Must be numeric.
			ADD (O/U)
			Enter the outpatient professional component Medicare payment/rate paid to a physician for the procedure.
			UPDATE (O/U)
			Enter the changes to the outpatient professional component Medicare payment/rate paid to a physician for the procedure.
16	BEGIN Medicare Amount Begin Date (DE5176)	Edits: Rate type 'OPPC'; required if Medicare outpatient professional component amount entered; must be valid date format (mmddccyy).	Beginning date of outpatient professional component Medicare Amount.
			Beginning date of outpatient professional component Medicare Amount. Required if Medicare outpatient professional component charge entered; must be valid date format (mmddccyy).
			ADD (C/U)
			Enter the beginning date of outpatient pro-

			fessional component Medicare Amount.
			UPDATE (C/U)
			Enter the changes to the beginning date of outpatient professional component Medicare Amount.
17	END Medicare Amount End Date (DE5177)	Edits: Rate type 'OPPC'; must be valid date format (mmddccyy) if entered.	Ending date of outpatient professional component Medicare Amount.
			Ending date of outpatient professional component Medicare Amount. Must be valid date format (mmddccyy) if entered.
			ADD (O/U)
			Enter the ending date of outpatient professional component Medicare Amount.
			UPDATE (O/U)
			Enter the changes to the ending date of outpatient professional component Medicare Amount.
18	IP TC Medicare Amount (DE5175)	Edits: Rate type 'OPTC'; must be numeric.	Indicates the inpatient technical component Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type.
			Indicates the inpatient technical component Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type. Must be numeric.
			ADD (O/U)
			Enter the inpatient technical component Medicare payment/rate paid to a physician for the procedure.
			UPDATE (O/U)
			Enter the changes to the inpatient technical component Medicare payment/rate paid to a physician for the procedure.
19	OP TC Medicare Amount (DE5175)	Edits: Rate type 'OPTC'; must be numeric.	Indicates the outpatient technical component Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type.
			Indicates the outpatient technical component Medicare payment/rate paid to a physician for the procedure. The type of rate/amount is indicated by the rate type. Must be numeric.

			ADD (O/U)
			Enter the outpatient technical component Medicare payment/rate paid to a physician for the procedure.
			UPDATE (O/U)
			Enter the changes to the outpatient technical component Medicare payment/rate paid to a physician for the procedure.

NAVIGATION	Medicare Maximum Data (RF-S-001-03)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
BKWD	Scrolls backward through Medicare data	PS-S-000 ()
ENTER	Validates data changed on the screen in Add/Update mode.	PS-S-009 ()
SUB MENU	Returns to Reference Subsystem Menu without updating	PS-S-001 (R)
FRWD	Scrolls forward through Medicare data	PS-S-000 ()
MAIN MENU	Returns to the MMIS Main Menu	N/A
REFRESH	Rereads and displays the most current data on the screen.	N/A
RTRN	Returns to the screen that initiated the detail request	PS-S-022-02 (R)
UPDT	Validates and updates data changed on the screen if no errors are found in Add/Update mode. Not valid for Inquiry mode.	N/A

Error Messages

Error	Description	Resolution
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5307	BEGIN DATE LESS THAN THE CURRENT DATE	Check begin and end dates. Enter a begin date greater than the end date.
5114	CHOOSE UPDATE BUTTON TO UPDATE	Choose the update button.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
3325	DUPLICATES NOT ALLOWED	Information message.

14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5306	END DATE LESS THAN BEGIN DATE	Enter an end date falling on or after the begin date.
5304	ENTER CARRIER	Enter a Carrier code. See the Field Definitions for formatting/requirements for this field.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5120	INQUIRIES ONLY; NO UPDATES ALLOWED	Switch to the maintenance screen to complete the update task.
5280	IP CVAL IS INVALID	Information message.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
5308	MAXIMUM AMOUNT ENTERED IS INVALID	Enter a valid Maximum Amount. See the Field Definitions for valid maximum amounts.
5056	MUST ENTER BEGIN DATE	Enter a valid Begin Date in the field. See the Field Definitions for valid values for the field.
5200	NO CHANGES WERE MADE UPDATE NOT PERFORMED.	Information message. No action needed.
5300	NO MEDICARE MAXIMUM DATA EXISTS FOR THIS PROCEDURE	Research the field definitions, then add Medicare Maximum Data for the procedure.
5305	NO MEDICARE MAXIMUM DATA WAS ENTERED FOR THIS CARRIER	Research the field definitions, then add Medicare Maximum Data for the carrier.
5281	OP CVAL IS INVALID	Information message.
16	PROVIDER NUMBER IS INVALID	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
25	RECORD UPDATED	Information message. No action needed.
5302	SUBTRACTION ERROR USING DATE FUNCTION	Re-enter the dates for the affected fields.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Medical from the drop-menu in the Procedure section.
4. Choose the Add or Update radio button in the Function field.
5. Enter a procedure code in the Value field.
6. Choose Enter.
7. You see the Medical Procedures (RF-S-001-01) screen.

8. Choose the Medicare button.

9. You see the Medicare Maximum Data screen (RF-S-001-03).

Screens RF-S-001-04 Medical/Dental/Revenue/ICD Procedures

General Information

The Provider Type and Specialty screen for Procedures presents a scrollable list of provider type and specialty restrictions for a specific procedure.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT140
MAPSET	RF140
TRAN ID	VS14 (Inquiry), VS15 (Update), VS16 (Add)

SAMPLE	Medical/Dental/Revenue/ICD Procedures (RF-S-001-04)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(MEDICAL/DENTAL/REVENUE/ICD) (DE0000)		'EXCLUDE' 'EXCLUDE'
2	(PROC / REV) (DE0000)		'EXCLUDE' 'EXCLUDE'
3	CODE Procedure Code (DE5002)		Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure.

			Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. System Displayed.
4	BEGIN Procedure Coverage Begin Date (DE5003)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. This date may be changed for an update. Date may not fall after the Procedure Coverage End Date. For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Beginning date of coverage for a Procedure Code. Beginning date of coverage for a Procedure Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. This date may be changed for an update. Date may not fall after the Procedure Coverage End Date. For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.
5	END Procedure Coverage End Date (DE5004)	Edits: Ending date of coverage for a Procedure Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. Date may not fall before the Procedure Coverage Begin Date. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to.	Ending date of coverage for a Procedure Code. Ending date of coverage for a Procedure Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. Date may not fall before the Procedure Coverage Begin Date. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. Procedure Coverage End Date can not be changed if there is another attribute being changed in the same transaction. If Procedure Coverage End Date is a future date, it may be changed, and its value may

		Procedure Coverage End Date can not be changed if there is another attribute being changed in the same transaction. If Procedure Coverage End Date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. If Procedure Coverage End Date falls before the current date, then it may not be changed.	be a prior date, current date, or another future date--so long as all other edits are adhered to. If Procedure Coverage End Date falls before the current date, then it may not be changed.
6	LONG NAME Procedure Long Name (DE5012)		Generally accepted nomenclature of a procedure. Generally accepted nomenclature of a procedure. System Displayed.
10	PROV TYPE Provider Type (DE4006)	Edits: Must be numeric	Indicates Type of provider who may bill for the procedure. Indicates Type of provider who may bill for the procedure. Must be numeric. ADD (O/U) Enter the type of provider who may bill for the procedure. UPDATE (O/U) Enter the changes to the type of provider who may bill for the procedure.
11	PROV SPEC Provider Specialty Code (DE4007)	Edits: Must be numeric	Indicates Specialty of provider who may bill for the pro-

			or spaces. For a given Provider Type, a Specialty of '000' can not exist concurrently with an entry for any other non-zero Specialty. If the user tries to enter an entry that would result in such a conflict, the system should provide an error message. The user should be able to update the end date of the current entry and add the new entry as long as the dates do not overlap. Messages:	cedure. Indicates Specialty of provider who may bill for the procedure. Must be numeric or spaces. ADD (O/U) Enter the specialty of provider who may bill for the procedure. UPDATE (O/U) Enter the changes to the specialty of provider who may bill for the procedure.
12	CLAIM TYPE Claim Type (DE2002)		Edits: Required (and unprotected) for revenue codes only. Messages:	A code defining the type of claim. A code defining the type of claim. Required for revenue codes only. ADD (C/U) Enter the code which defines the type of claim. UPDATE (C/U) Enter the change to the code which defines the type of claim.
13	BEGIN DATE Procedure Valid Provider Type-Specialty Begin Date (DE5173)		Edits: Required if provider type and specialty is entered; must be valid date format (MMDDCCYY). Messages:	Beginning date of Valid Provider Type and Specialty. Beginning date of Valid Provider Type and Specialty. Required if provider type and specialty is entered. For an add or update transaction, the data must be a valid date

			(MMDDCCYY) and pass a basic date edit. This date may be changed for an update. Date may not fall after the Procedure Valid Provider Type-Specialty Begin End Date. For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.
			ADD (C/U)
			Enter the beginning date of Valid Provider Type and Specialty.
			UPDATE (C/U)
			Enter the changes to the beginning date of Valid Provider Type and Specialty.
14	END DATE Procedure Valid Provider Type-Specialty End Date (DE5174)	Edits: Must be valid date format (mmddccyy) if entered; otherwise default Messages:	Ending date of Valid Provider Ranges. Ending date of Valid Provider Ranges. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. This date may be changed for an update. Date may not fall before the Procedure Valid Provider Type-Specialty End Date. For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. **ADD (O/U)** Enter the ending date of Valid Provider Ranges. **UPDATE (O/U)** Enter the changes to the ending date of Valid Provider Ranges.

NAVIGATION	Medical/Dental/Revenue/ICD Procedures (RF-S-001-04)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through Provider Type/Specialty data	N/A
ENTER	Validates data changed on the screen in an add or update mode.	N/A
SUB MENU	Returns to Reference Subsystem Menu without updating	FN-S-007 (R)
SCROLL DOWN	Scrolls forward through Provider Type/Specialty data.	N/A
MAIN MENU	Returns to the MMIS Main Menu	N/A
REFRESH	Rereads and displays the most current data on the screen.	N/A
RETURN	Returns to the screen that initiated the detail request	RB-S-013 (R)
UPDT	Validates and updates data changed on the screen if no errors are found in Add/Update mode. Not valid for Inquiry mode.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5276	BEGIN DATE ONLY CHANGE NOT ALLOWED	Begin Date change is only allowed if other data fields are changed.
5050	CLAIM TYPE IS INVALID	Enter a valid Claim Type. See the Field Definitions for valid data and formatting for this field.
5004	DATA ENTERED MUST BE NUMERIC	Enter only numeric date. See the Field Definitions for specifications on the data to be entered.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.

5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5463	NON-ZERO SPECIALTY CAN NOT EXIST CONCURRENTLY WITH ACTIVE ZERO SPECIALTY.	A Specialty of '000' can not exist concurrently with an entry for any other non-zero Specialty. The user can add such an entry by updating the end date of the current entry and add the new entry as long as the dates do not overlap.
5271	PROVIDER TYPE IS INVALID	Enter a valid Provider Type code. See the Field Definitions for explanation and formatting requirements.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
4441	SPECIALTY '000' ALLOWED ONLY WHEN NO OTHER SPECIALTY EXISTS	A specialty of '000' is allowed only when there is no active non-zero specialty.
5272	SPECIALTY IS INVALID FOR PROVIDER TYPE	Research using the on-line HELP system and re-enter the specialty code.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Medical from the drop-menu in the Procedure section.
4. Choose the Add or Update radio button in the Function field.
5. Enter a procedure code in the Value field.
6. Choose Enter.
7. You see the Medical Procedures (RF-S-001-01) screen.
8. Choose the PT Spec button.
9. You see the Medical/Dental/Revenue/ICD Procedures screen (RF-S-001-04).
Note: You can also access this screen from the Home Health/ Hospice/Revenue Codes procedures (RF-S-001-09) or the Dental Procedures screen (RF-S-001-08). Choose the PT Spec button.
New Screen Functionality: The begin date/end date parameters have changed for these date fields:
Home Health Procedures
Provider Type/Specialty As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Subsystem.

Screens RF-S-001-05 Medical/Dental/Revenue Procedures

General Information

The Procedure History screen presents a scrollable list of area maximum charges or professional components for a specific procedure. This screen is invoked by placing an 'X' next to the area maximum or professional component area where history is desired and pressing the appropriate HIST button (one for area maximum and one for professional component) from the first screen of procedure data (RF-S-001-01 Medical procedures, RF-S-001-08 Dental procedures, or RF-S-001-09 Home Health, Hospice, ICD, or Revenue codes). For identification purposes, some basic procedure data is repeated from the first screen of the procedure data onto the History screen. There are no updateable fields on this screen.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT150
MAPSET	RF150
TRAN ID	VS18 (Inquiry)

SAMPLE	Medical/Dental/Revenue Procedures (RF-S-001-05)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(PROC / REV) (DE0000)		'ECLUDE' N/A
2	CODE Procedure Code (DE5002)		Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. N/A
3	BEGIN Procedure Coverage		Beginning date of coverage for a Procedure Code.

	Begin Date (DE5003)		N/A
4	END Procedure Coverage End Date (DE5004)		Ending date of coverage for a Procedure Code. N/A
5	LONG NAME Procedure Long Name (DE5012)		Generally accepted nomenclature of a procedure. N/A
6	VALUE Procedure Amount (DE5047)		Amount allowable (or professional component) to be paid to a physician for a procedure or service. N/A
7	BEGIN DATE Procedure Amount Effective Date (DE5046)		Effective date of associated amount. N/A

NAVIGATION	Medical/Dental/Revenue Procedures (RF-S-001-05)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through Rate History data	N/A
SUB MENU	Returns to Reference Subsystem Menu without updating	N/A
SCROLL DOWN	Scrolls forward through Rate History data	PD-S-001 ()
MAIN MENU	Returns to the MMIS Main Menu	N/A
RETURN	Returns to the screen that initiated the detail request	PD-S-004 (R)

Error Messages

Error	Description	Resolution
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Medical from the drop-menu in the Procedure section.
4. Choose the Inquiry radio button in the Function field.
5. Enter a procedure code in the Value field.
6. Choose Enter.
7. You see the Medical Procedure screen (RF-S-001-01).
8. Choose the PT Spec button.
9. You see the Medical/Dental/Revenue Procedures screen (RF-S-001-05).
Note: You can also get to this screen by choosing the PT Rate or PC History button from the Home Health/Hospice/Revenue Codes (RF-S-001-09) or the Dental Procedures screen (RF-S-001-08).

Screens RF-S-001-06 Medical/Dental/Revenue/ICD Procedures

General Information

The Procedure Flag screen presents a scrollable list of flags for a specific procedure. This screen is invoked by pressing the FLAG button from the first screen of procedure data (RF-S-001-01 Medical procedures, RF-S-001-08 Dental procedures, or RF-S-001-09 Home Health, Hospice, ICD, or Revenue codes). Some basic procedure data is repeated from the first screen of the procedure data for identification.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT160
MAPSET	RF160
TRAN ID	VS22 (Inquiry), VS23 (Update), VS24 (Add)

SAMPLE	Medical/Dental/Revenue/ICD Procedures (RF-S-001-06)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(MEDICAL/DENTAL/REVENUE/ICD) (DE0000)		'EXCLUDE' 'EXCLUDE'
2	PROC/REV (DE0000)		'EXCLUDE' 'EXCLUDE'
3	CODE Procedure Code (DE5002)		Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure.

			Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. System Displayed.
4	BEGIN Procedure Coverage Begin Date (DE5003)	Edits: Must be valid date format (mmddccyy). Required if flag entered/changed. Date cannot be less than Procedure Begin Date (DE5003) nor greater than Procedure End Date (DE5004).	Beginning date of coverage for a Procedure Code. Beginning date of coverage for a Procedure Code. Must be valid date format (mmddccyy). Required if flag entered/changed. Date cannot be less than Procedure Begin Date (DE5003) nor greater than Procedure End Date (DE5004).
5	END Procedure Coverage End Date (DE5004)	Edits: Must be valid date format (mmddccyy) if entered; otherwise default. Date cannot be less than Procedure Begin Date (DE5003) nor greater than Procedure End Date (DE5004).	Ending date of coverage for a Procedure Code. Ending date of coverage for a Procedure Code. Must be valid date format (MMDDCCYY). Date cannot be less than Procedure Begin Date (DE5003) nor greater than Procedure End Date (DE5004).
6	LONG NAME Procedure Long Name (DE5012)		Generally accepted nomenclature of a procedure. Generally accepted nomenclature of a procedure. System Displayed.
7	FLG Flag Code (DE5165)	Edits: Must be valid flag code (see flag code list)	Identifies certain procedure codes for special processing and/or Benefit Plan Coverage. Identifies certain procedure codes for special processing and/or Benefit Plan Coverage. Use the On-line HELP

			system to find valid codes for this field.
			ADD (O/U)
			Enter a valid flag codes used or special processing and/or Benefit Plan Coverage.
			UPDATE (O/U)
			Enter the change to the valid flag codes used for special processing and/or Benefit Plan Coverage.
8	S/R Flag Date Type Code (DE5240)	Edits: Valid values 'R' (Date of Receipt) or 'S' (Date of Service)	Indicates the type of date associated with the Flag.
			Indicates the type of date associated with the Flag. Valid codes 'R' (Date of Receipt) or 'S' (Date of Service).
			ADD (O/U)
			Enter the valid code which indicates the type of date associated with the Flag.
			UPDATE (O/U)
			Enter the change to the valid code which indicates the type of date associated with the Flag.
9	BEGIN Flag Begin Date (DE5242)	Edits: Must be valid date format (MMDDCCYY). Required if flag entered/changed. Any date can be entered, but must fall before Flag End Date. Cannot be set for a one-day span between Flag Begin and End dates. Messages: 'BEGIN DATE IS	Beginning date of Flag.
			Beginning date of Flag. Must be valid date format (mmddccyy). Must be valid date format (MMDDCCYY). Required if flag entered/changed. Any date can be entered, but must fall before Flag End Date. Cannot be set for a one-day span between Flag Begin and End dates.
			ADD (C/U)
			Enter the beginning date of Flag.
			UPDATE (C/U)

		INVALID'	Enter the change to the beginning date of Flag.
10	END Flag End Date (DE5243)	Edits: Must be valid date format (MMDDCCYY). Required if flag entered/changed. Any date can be entered, but must fall after the Flag Begin Date. Cannot be set for a one-day span between Flag Begin and End dates. Messages: 'END DATE IS INVALID'	Ending date of Flag. Ending date of Flag. Must be valid date format (mmddccyy) if entered; otherwise default. Must be valid date format (MMDDCCYY). Required if flag entered/changed. Any date can be entered, but must fall after the Flag Begin Date. Cannot be set for a one-day span between Flag Begin and End dates. ADD (O/U) Enter the ending date of Flag. UPDATE (O/U) Enter the change to the ending date of Flag.

NAVIGATION	**Medical/Dental/Revenue/ICD Procedures (RF-S-001-06)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through Flag data	RF-S-010 ()
ENTER	Validates data changed on the screen in an add or update mode.	RF-S-010 ()
SUB MENU	Returns to Reference Subsystem Menu without updating	POS-S-000 (R)
SCROLL DOWN	Scrolls forward through Flag data	PD-S-001 ()
MAIN MENU	Returns to the MMIS Main Menu.	N/A
REFRESH	Rereads and displays the most current data on the screen.	N/A
RETURN	Returns to the screen that initiated the detail request without updating.	POS-S-000 (R)
UPDT	Validates and updates the data changed when no errors are found in Add/Update mode. Not valid for Inquiry mode.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5276	BEGIN DATE ONLY CHANGE NOT ALLOWED	Begin Date change is only allowed if other data fields are changed.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5030	DATES OVERLAP EXISTING RECORD (S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/-formatting for this field.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).

3. Select Medical from the drop-menu in the Procedure section.

4. Choose the Add or Update radio button in the Function field.

5. Enter a procedure code in the Value field.

6. Choose Enter.

7. You see the Medical Procedures (RF-S-001-01) screen.

8. Choose the Flags button.

9. You see the Medical/Dental/Revenue/ICD Procedures screen (RF-S-001-06).

Note: You can also access this screen from the Home Health/ Hospice/Revenue Codes procedures (RF-S-001-09) or the Dental Procedures screen (RF-S-001-08). Choose the Flags button.

New Screen Functionality: The begin date/end date parameters have changed for these date fields:

Flag Code

Provider Type/Specialty As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Subsystem.

Screens RF-S-001-07 Medical/Dental/Revenue Procedures

General Information

The Provider Type Rate screen presents a scrollable list of provider type rates for the area maximum charge selected from the procedure data screen. This screen is invoked from the first screen of procedure data (RF-S-001-01 Medical procedures by placing an 'X' next to the area maximum where provider type rate calculations are desired; and then, pressing the PT RATE button. The provider type rate is calculated by multiplying the area maximum charge selected by the provider type percent on the provider file. A provider type rate will be calculated for each provider type allowed for the procedure.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT170
MAPSET	RF170
TRAN ID	VS26 (Inquiry)

SAMPLE	Medical/Dental/Revenue Procedures (RF-S-001-07)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(MEDICAL/DENTAL/REVENUE) (DE0000)		'EXCLUDE' 'EXCLUDE'
2	CODE Procedure Code (DE5002)		Code used to identify a specific dental, medical, or revenue code. N/A
3	BEGIN Procedure Coverage Begin Date (DE5003)		Beginning date of coverage for a Procedure Code. N/A
4	END		Ending date of coverage for a

	Procedure Coverage End Date (DE5004)		Procedure Code. N/A
5	LONG NAME Procedure Long Name (DE5012)		Generally accepted nomenclature of a procedure. N/A
6	CAT Region Type (DE5244)		Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. N/A
7	(DESCRIPTION OF REGIONAL AREA) Region Name (DE5250)		Indicates the name of the Region Code. N/A
8	IP/OP (DE0000)		The Procedure Rate Type indicator 'IP' (Inpatient) or 'OP' (Outpatient). N/A
9	NUMBER (DE0000)		The Claim Type associated with the Procedure Rate Type. N/A
10	AREA MAX Procedure Amount (DE5047)		Amount allowable (or professional component) to be paid to a physician for a procedure or service. N/A
11	EFF DATE Procedure Amount Effective Date (DE5046)		Effective date of associated amount. N/A
12	PROV TYPE Provider Type (DE4006)		Indicates Type of provider who may bill for the procedure. N/A
13	PT PERCENT Provider Rate (DE4255)		The percentage of the particular rate. N/A
14	PT RATE Calculated (DE0002)		The calculated amount of the particular rate. N/A

NAVIGATION	Medical/Dental/Revenue Procedures (RF-S-001-07)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through Provider Rate Calculation data	PD-S-001 ()
SUB MENU	Returns to Reference Subsystem Menu without updating	RF-S-010 (R)
SCROLL DOWN	Scrolls backward through Provider Rate Calculation data	PD-S-002 ()
MAIN MENU	Returns to the MMIS Main Menu	N/A
RETURN	Returns to the screen that initiated the detail request	POS-S-000 (R)

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
94	TSQ ERROR	Information message.

Screen Access

N/A

Screens RF-S-001-08 Dental Procedures

General Information

The Dental Procedure screen presents a scrollable list of area maximum charges with begin dates and other data pertaining to a specific dental procedure. The screen is invoked from the Reference Subsystem Menu screen (RF-S-004) by selecting 'Dental' and pressing the INQUIRY button, ADD button, or UPDATE button.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT180
MAPSET	RF180
TRAN ID	VS30 (Inquiry), VS31 (Update), VS32 (Add)

SAMPLE	Dental Procedures (RF-S-001-08)

Field Definitions

#	GSD Field Name / Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROC CODE Procedure Code (DE5002)		Code used to identify a specific dental diagnosis/surgical procedure. Code used to identify a specific dental diagnosis/surgical procedure.

			ADD (R/U)
			Enter the code used to identify a specific dental diagnosis/surgical procedure.
			UPDATE (R/U)
			Enter the change to the code used to identify a specific dental diagnosis/surgical procedure.
2	BEGIN Procedure Coverage Begin Date (DE5003)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Procedure Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Beginning date of coverage for a Procedure Code. Beginning date of coverage for a Procedure Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Procedure Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (R/U) Enter the beginning date of coverage for a Procedure Code. UPDATE (R/U) Enter the changes to the beginning date of coverage for a Procedure Code.
3	END Procedure Coverage End Date (DE5004)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a	Ending date of coverage for a Procedure Code. Ending date of coverage for a Procedure Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. ADD (O/U) Enter the ending date of coverage for a Pro-

		future date, it may be changed, and its value may be a prior date, current date, or another future date-- so long as all other edits are adhered to.	cedure Code. UPDATE (O/U) Enter the changes to the ending date of coverage for a Procedure Code.
4	AGE: MIN Procedure Minimum Age Limit (DE5009)	Edits: Must be numeric	Minimum age of the enrollee to which a procedure is restricted. Minimum age of the enrollee to which a procedure is restricted. Must be numeric. ADD (O/U) Enter the minimum age of the enrollee to which a procedure is restricted. UPDATE (O/U) Enter the changes to the minimum age of the enrollee to which a procedure is restricted.
5	AGE: MAX Procedure Maximum Age Limit (DE5010)	Edits: Must be numeric	Maximum age of the enrollee to which a procedure is restricted. Maximum age of the enrollee to which a procedure is restricted. Must be numeric. ADD (O/U) Enter the maximum age of the enrollee to which a procedure is restricted. UPDATE (O/U) Enter the changes to the maximum age of the enrollee to which a procedure is restricted.
6	P/R Procedure Pend Review Indicator (DE5007)	Edits: Must be valid value: (space (Do not pend), 'P' (pend any claim), For HCPCS and ICD9/10CM: 'B' Pend for Professional Service Review (Ster-/Hist/Abort Consent), 'E' Pend for Professional Services Review (Material and Infant Care Coordination Docu-	This indicator determines whether the procedure should be approved, pended, or denied. This indicator determines whether the procedure should be approved, pended, or denied. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the indicator that determines whether the procedure should be approved, pended, or denied. UPDATE (O/U) Enter the change to the indicator that

		mentation), 'O' Pend for Professional Service Review (Out-patient Surgery), 'R' Pend for Professional Service Review (Risk Screen), and 'S' Pend for Professional Service Review (EPSDT) Covered Services (HCPCS only).	determines whether the procedure should be approved, pended, or denied.
7	DESC Procedure Short Name (DE5015)		Description of the procedure code in lay terminology. Description of the procedure code in lay terminology. ADD (R/U) Enter the description of the procedure code in lay terminology. UPDATE (R/U) Enter the changes to the description of the procedure code in lay terminology.
8	TOOTH: IND Tooth Indicator (DE5057)	Edits: Valid values are 'N' (No tooth required) or 'Y' (Tooth required)	Indicates whether a tooth is required to be marked on a dental claim for a procedure. Indicates whether a tooth is required to be marked on a dental claim for a procedure. Valid codes are 'N' (No tooth required) or 'Y' (Tooth required). ADD (O/U) Enter the valid code to indicate whether a tooth is required to be marked on a dental claim for a procedure. UPDATE (O/U) Enter the change to the code to indicate whether a tooth is required to be marked on a dental claim for a procedure.
9	(TOOTH:) SITE Tooth Site/Surface Indicator (DE5056)	Edits: Valid values are '0' , '1', '2', '3', '4', '5', 'A', 'B', 'C', and 'D'.	Indicates whether a site or surface is required on a dental claim for a procedure. Indicates whether a site or surface is required on a dental claim for a procedure. Use the On-line HELP system to find valid codes for this field. ADD (O/U)

			Enter the valid code that indicates whether a site or surface is required on a dental claim for a procedure.
			UPDATE (O/U)
			Enter the changes to the code that indicates whether a site or surface is required on a dental claim for a procedure.
10	(TOOTH:) TYPE Tooth Type Code (DE5151)	Edits: Valid values are 'P' (Permanent tooth required), 'D' (Deciduous tooth required), and 'E' (Either type not required/ does not apply)	Indicates the type of tooth (permanent/deciduous) required for the dental procedure.
			Indicates the type of tooth (permanent/deciduous) required for the dental procedure. Valid codes are 'P' (Permanent tooth required), 'D' (Deciduous tooth required), and 'E' (Either type not required/ does not apply).
			ADD (O/U)
			Enter the valid code that indicates the type of tooth (permanent/deciduous) required for the dental procedure.
			UPDATE (O/U)
			Enter the changes to the code that indicates the type of tooth (permanent/deciduous) required for the dental procedure.
11	UVSP Procedure Maximum UVSP (DE5016)	Edits: Must be numeric.	Indicates the maximum units, visits, or services the applies to the procedure.
			Indicates the maximum units, visits, or services the applies to the procedure. Must be numeric.
			ADD (O/U)
			Enter the maximum units, visits, or services the applies to the procedure.
			UPDATE (O/U)
			Enter the changes to the maximum units, visits, or services the applies to the procedure.
12	CAT Region Type (DE5244)	Edits: Category = 'DEN'	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way.
			Code representing the type of organization or department that divides the State of Vir-

			ginia into various Region Codes. Each organization breaks the State in a different way. Use the On-line HELP system to find valid codes for this field.
			ADD (/P)
			Enter the code representing the type of organization or department that divides the State of Virginia into various Region Codes.
			UPDATE (/P)
			Enter the change to the code representing the type of organization or department that divides the State of Virginia into various Region Codes.
13	DESCRIPTION Region Name (DE5250)		Indicates the name of the Region Code.
			Indicates the name of the Region Code. System Displayed.
14	X (DE0000)	Edits: Valid values are 'X' or space.	The selection field in which you wish to inquire on a price or rate screen.
			INQUIRY (O/U)
			Enter an 'X' beside the field you wish to review.
			This field allows entry of the Region Code.
			ADD (O/U)
			Enter the Region Code to which the FIPS code belongs.
			UPDATE (O/U)
			Enter the change to the Region Code for which the FIPS code belongs.
15	IP AREA MAX Procedure Amount (DE5047)	Edits: Rate type 'IP'; must be numeric or 'IC'.	Amount allowable (or professional component) to be paid to a physician for a procedure or service.
			Amount allowable (or professional component) to be paid to a physician for a procedure or service. Must be numeric or 'IC'.
			ADD (O/U)
			Enter the inpatient allowable to be paid to a physician for a procedure or service.
			UPDATE (O/U)
			Enter the changes to the inpatient allowable to be paid to a physician for a procedure or service.
17	EFF DATE	Edits:	Effective date of associated amount.

	Procedure Amount Effective Date (DE5046)	Rate type 'IP'; must be a valid date format (mmddccyy).	Effective date of associated amount. Must be a valid date format (mmddccyy). ADD (O/U) Enter the effective date of associated amount. UPDATE (O/U) Enter the change to the effective date of associated amount.
18	OP AREA MAX Procedure Amount (DE5047)	Edits: Rate type 'OP'; must be numeric or 'IC'.	Amount allowable (or professional component) to be paid to a physician for a procedure or service. Amount allowable (or professional component) to be paid to a physician for a procedure or service. Must be numeric or 'IC'. ADD (O/U) Enter the outpatient allowable to be paid to a physician for a procedure or service. UPDATE (O/U) Enter the changes to the out patient allowable to be paid to a physician for a procedure or service.
19	EFF DATE Procedure Amount Effective Date (DE5046)	Edits: Rate type 'OP'; must be valid date format (mmddccyy).	Effective date of associated amount. Effective date of associated amount. Must be valid date format (mmddccyy). ADD (O/U) Enter the effective date of associated amount. UPDATE (O/U) Enter the changes to the effective date of associated amount.
20	PLACE SERV Claim Professional Place of Service (DE2173)	Edits: Must be a valid Place of Service Code (see CP_PLACE_OF_ SERV table).	Indicates a procedure is restricted to a particular place of service. Indicates a procedure is restricted to a particular place of service. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the valid place of service code. UPDATE (O/U) Enter the changes to the place of service code.

21	TYPE SERV Claim Type of Service (DE2072)	Edits: Must be a valid Type of Service Code (see CP_TYPE_SERVICE table).	Indicates the type of service(s) to which the procedure may be restricted. Indicates the type of service(s) to which the procedure may be restricted. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the valid type of service code. UPDATE (O/U) Enter the change to the type of service code.
22	TPL CODES TPL Code (DE5422)	Edits: Must be valid TPL code (see Codes Value table).	Indicates the list of Third Party Liability codes that may be billed for this procedure. Indicates the list of Third Party Liability codes that may be billed for this procedure. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the valid Third Party Liability Codes. UPDATE (O/U) Enter the changes to the Third Party Liability Codes.
23	XREF Cross Reference Procedure Code (DE5164)	Edits: Enter a Procedure Code or NDC. The only edits on this field are: For an entry to be considered a Procedure Code, it must be a minimum of 3 characters or no more than 5 characters. For an entry to be considered to be an NDC Code, the data entered must be 11 positions. There is no comparison of the data entered to the Procedure or NDC tables to validate the code.	An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). Enter either 7 character Procedure or 11 character NDC. ADD (O/U) Enter the cross reference to a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). UPDATE (O/U) Enter the changes to the cross reference to a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).
24	PA TYPE	Edits:	Identifies the type of prior authorization

	Procedure PA Type (DE5017)	Must be a valid PA type:	required by the procedure.
			Identifies the type of prior authorization required by the procedure. Use the On-line HELP system to find valid codes for this field.
			ADD (O/U)
			Enter a valid prior authorization code for the procedure.
			UPDATE (O/U)
			Enter a the change to the prior authorization code for the procedure.
25	PA BEGIN DATE PA Type Effective Date (DE5018)	Edits: Required if PA Type is entered or current date will default. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the PA Type Effective End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Indicates the date that the PA type is effective. Indicates the date that the PA type is effective. Required if PA Type is entered or current date will default. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the PA Type Effective End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (O/U) Enter the date that the PA type is effective. UPDATE (O/U) Enter the change to the date that the PA type is effective.
26	PA Type End PA Type End Date (DE5120)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the PA Type Begin Date.	Indicates the date that the PA type ends. Indicates the date that the PA type ends. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the PA Type Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to.

		- Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	- If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. ADD (O/U) Enter the data that the PA Type ends. UPDATE (O/U) Enter the change to the date that the PA Type ends.
27	PA Type (Age) Min Reference Procedure PA Type Age Minimum (DE5900)		The minimum age associated with the PA type for the procedure. The minimum age associated with the PA type for the procedure. ADD (R/U) Enter the minimum age associated with the PA type for the procedure. UPDATE (R/U) Enter the change to the minimum age associate with the PA type for the procedure.
28	PA Type (Age) Max Reference Procedure PA Type Age Maximum (DE5975)		The maximum age associated with the PA type for the procedure. The maximum age associated with the PA type for the procedure. ADD (R/U) Enter the maximum age associated with the PA type for the procedure. UPDATE (R/U) Enter the change to the maximum age associated with the PA type for the procedure.
29	PA Type OCC Reference Procedure PA Occurs (DE5977)		Number of allowed occurrences for this procedure with Pre-Authorization period. Number of allowed occurrences for this procedure with Pre-Authorization period. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the code for the number of allowed occurrences for this procedure with Pre-Authorization period.

			UPDATE (O/U)
			Enter the change to the code for the number of allowed occurrences for this procedure with Pre-Authorization period.
30	PA Type Days Reference Procedure PA Days (DE5976)		Time limit for Pre-Authorization to remain effective.
			Time limit for Pre-Authorization to remain effective.
			ADD (O/U)
			Enter the time limit for the Pre-Authorization to remain effective.
			UPDATE (O/U)
			Enter the change to the time limit for the Pre-Authorization to remain effective.
31	Proj Reference Procedure TDO Project Code (DE5890)		Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.
			Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.
			ADD (O/U)
			Enter the Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.
			UPDATE (O/U)
			Enter the change to the Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.
32	Proj Begin Reference Procedure TDO Project Code Begin Date (DE5891)		The date the Temporary Detention Order (TDO) Project Code is effective for the procedure.
			The date the Temporary Detention Order (TDO) Project Code is effective for the procedure. Format is MMDDCCYY. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. Date may not fall after the TDO Project Code End Date.
			ADD (O/U)
			Enter the date the Temporary Detention Order (TDO) Project Code is effective for the procedure. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to.

			UPDATE (O/U)
			Enter the change to the date the Temporary Detention Order (TDO) Project Code is effective for the procedure.
33	Proj End Reference Procedure TDO Project Code End Date (DE5892)		The date that the Temporary Detention Order (TDO) Project Code ends for the procedure.
			The date that the Temporary Detention Order (TDO) Project Code ends for the procedure. Format is MMDDCCYY. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. Must not fall before the TDO Project Code End date.
			ADD (O/U)
			Enter the date the Temporary Detention Order (TDO) Project Code ends for the procedure. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to.
			UPDATE (O/U)
			Enter the change to the date the Temporary Detention Order (TDO) Project Code is effective for the procedure.

NAVIGATION	Dental Procedures (RF-S-001-08)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through area maximum data	N/A
ENTER	Validates data changed on the screen in an add or update mode; selects another procedure if entered.	RF-S-010 ()
EXCL EDITS	Displays edits excluded for the dental procedure	PD-S-005 (B)
EXCLUDE VS	Displays value sets excluded for the dental procedure	N/A
SUB MENU	Returns to Reference Subsystem Menu without updating	PD-S-005 (R)
FLAGS	Invokes procedure flag screen	N/A
SCROLL DOWN	Scrolls forward through area maximum data	N/A
AREA HIST (area max)	Invokes history of area maximum rate data	RF-S-010 (B)

INCL EDITS	Displays edits included for the dental procedure	PD-S-005 (B)
INCLUDE VS	Displays value sets included for the dental procedure	RF-S-010 (B)
MAIN MENU	Returns to the MMIS Main Menu	N/A
PLACE OF SERVICE (F21)	Replace the Place of Service (POS) codes on the screen with additional Place of Service codes until positions allocated for POS is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the POS codes from the beginning.	N/A
TYPE OF SERVICE (F22)	Replace the Type of Service (TOS) codes on the screen with additional Type of Service codes until positions allocated for TOS is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the TOS codes from the beginning.	N/A
TPL CODE (F23)	Replace the Third Party Liability (TPL) codes on the screen with additional TPL codes until positions allocated for TPL is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the TPL codes from the beginning.	N/A
XREF DUP SRV AUTH (F24)	Replace the Xref) codes on the screen with additional Xref codes until positions allocated for Xref is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the XREF codes from the beginning.	N/A
PT/SPEC	Invokes provider type and specialty screen	RF-S-010 (B)
REFRESH	Rereads and displays the most current data on the screen.	N/A
RETURN	Returns to the screen that initiated the detail request.	N/A
UPDT	Validates and updates the data changed on the screen in Add/Update mode. Not valid in Inquiry mode.	N/A

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).

3. Select Dental from the drop-menu in the Procedures box.
4. Choose the Add or Update radio button in the Function box.
5. Enter a 5-digit procedure code in the Value field.
6. Choose Enter.
7. You see the Dental Procedures screen (RF-S-001-08).
New Screen Functionality: The begin date/end date parameters have changed for these date fields:
Procedure Code Provider Type/Specialty
As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Sub-system.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Medical from the drop-menu in the Procedure section.
4. Choose the Inquiry radio button in the Function field.
5. Enter a procedure code in the Value field.
6. Choose Enter.
7. You see the Medical Procedure screen (RF-S-001-01).
8. Enter a 'X' in the field next to the area maximum you want Provider type rate calculations for.
9. Choose the PT Rate button below the display
10. You see the Medical/Dental/Revenue Procedures screen (RF-S-001-07).

Screens RF-S-001-09 Home Health/Hospice/Revenue Codes/Procedures

General Information

The Home Health, Hospice, or Revenue screen presents a scrollable list of area maximum charges with begin dates and other data pertaining to that specific type of procedure. This screen is invoked from the Reference Subsystem Menu screen (RF-S-004) by: 1) Clicking on the Revenue Codes option in the Procedures drop down window, entering the appropriate value in the key Value field, and pressing or clicking the Enter button; and 2) Clicking on the Medical Codes Option in the Procedures drop down window, entering a Hospice or Home Health Procedure Code in the key Value field, and pressing or clicking the Enter button. This screen is also invoked from the Medical Codes screen (RF-S-001-01) whenever the user changes the Procedure Code to be viewed to a Hospice or Home Health Procedure Code.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add, Delete
PROGRAM	N/A
MAPSET	RF190
TRAN ID	VS34 (Inquiry), VS35 (Update), VS36 (Add)

SAMPLE	**Home Health/Hospice/Revenue Codes/Procedures (RF-S-001-09)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	(PROC OR REV) (DE0000)		'EXCLUDE' 'EXCLUDE'
3	CODE Procedure Code (DE5002)	Edits: Code entered must be a valid Procedure Type 1 (Hospice) or Type 2 (Home Health/Revenue Code)	Code used to identify a specific medical or revenue code. Code used to identify a specific medical or revenue code. ADD (R/U) Enter the procedure/revenue code you

		- If Code entered is a value found on Value Set, 'Hospice Procedures', then it is a Type 1 Procedure. Move "HOSPICE" to banner line of screen. - ELSE If Code entered (along with a Procedure Type of '2') is found on RF_PROCEDURE, then it is a Revenue Code. Move "REVENUE" to banner line of screen. - ELSE move error message to message line and SEND map. Messages: 'PROCEDURE CODE NOT FOUND'	wish to add. UPDATE (R/U) Enter the changes to the procedure/revenue code.
4	BEGIN Procedure Coverage Begin Date (DE5003)	Edits: Date must be in format MMDDCCYY. For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Beginning date of coverage for a Procedure Code. Beginning date of coverage for a Procedure Code. Must be valid date format (mmddccyy). Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. Date cannot fall after the Procedure Code End date. ADD (R/U) Enter the beginning date of coverage for a Procedure Code. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. UPDATE (R/U) Enter the change to the beginning date of coverage for a Procedure Code.
5	END Procedure Coverage End Date (DE5004)	Edits: For an add or update transaction, the date must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall	Ending date of coverage for a Procedure Code. Ending date of coverage for a Procedure Code. For an add or update transaction, the date must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure

		before the Procedure Coverage begin date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - Procedure Coverage End Date cannot be changed if there is another attribute being changed in the same transaction.	Coverage begin date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - Procedure Coverage End Date cannot be changed if there is another attribute being changed in the same transaction. ADD (O/U) Enter the ending date of coverage for a Procedure Code. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. UPDATE (O/U) Enter the change to the ending date of coverage for a Procedure Code.
6	AGE: MIN Procedure Minimum Age Limit (DE5009)	Edits: Must be numeric.	Minimum age of the enrollee to which a procedure is restricted. Minimum age of the enrollee to which a procedure is restricted. Must be numeric. ADD (O/U) Enter the minimum age of the enrollee to which a procedure is restricted. UPDATE (O/U) Enter the change to the minimum age of the enrollee to which a procedure is restricted.
7	(AGE:) MAX Procedure Maximum Age Limit (DE5010)	Edits: Must be numeric.	Maximum age of the enrollee to which a procedure is restricted. Maximum age of the enrollee to which a procedure is restricted. Must be numeric. ADD (O/U) Enter the maximum age of the enrollee to which a procedure is restricted. UPDATE (O/U) Enter the change to the maximum age of the enrollee to which a procedure is restricted.
8	DESC Procedure Short Name (DE5015)		Description of the procedure code in lay terminology. Description of the procedure code in lay terminology. ADD (R/U)

			Enter the description of the procedure code in lay terminology.
			UPDATE (R/U)
			Enter the change to the description of the procedure code in lay terminology.
9	SEX Valid Sex Code (DE5011)	Edits: Valid values are 'F' (female), 'M' (male), or space (no restriction).	Sex of the enrollee to which a procedure is restricted.
			Sex of the enrollee to which a procedure is restricted. Valid codes are 'F'(female), 'M' (male), or space (no restriction).
			ADD (O/U)
			Enter the code for the sex of the enrollee to which a procedure is restricted.
			UPDATE (O/U)
			Enter the change to the code for the sex of the enrollee to which a procedure is restricted.
10	UVSP Procedure Maximum UVSP (DE5016)		Indicates the maximum units, visits, or services the applies to the procedure.
			Indicates the maximum units, visits, or services the applies to the procedure.
			ADD (O/U)
			Enter the maximum units, visits, or services the applies to the procedure.
			UPDATE (O/U)
			Enter the change to the maximum units, visits, or services the applies to the procedure.
11	P/R Procedure Pend Review Indicator (DE5007)	Edits: Must be valid value: (space (Do not pend), 'P' (pend any claim), For HCPCS : 'B' Pend for Professional Service Review (Ster-/Hist/Abort Consent), 'E' Pend for Professional Services Review (Material and Infant Care Coordination Documentation), 'O' Pend for Professional Ser-	This indicator determines whether the procedure should be approved, pended, or denied.
			This indicator determines whether the procedure should be approved, pended, or denied. Use the On-line HELP system to find valid codes for this field.
			ADD (O/U)
			Enter the indicator which determines whether the procedure should be approved, pended, or denied.
			UPDATE (O/U)
			Enter the change to the indicator which determines whether the procedure should be approved, pended, or denied.

		vice Review (Out-patient Surgery), 'R' Pend for Professional Service Review (Risk Screen), and 'S' Pend for Professional Service Review (EPSDT) Covered Services (HCPCS only).	
12	CAT Region Type (DE5244)		Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Required if pricing is entered. Must be valid region type. Use the Online HELP system to find valid codes for this field. ADD (R/U) Enter the code representing the type of organization or department that divides the State of Virginia into various Region Codes. UPDATE (R/U) Enter the change to the code representing the type of organization or department that divides the State of Virginia into various Region Codes.
13	DESCRIPTION Region Name (DE5250)		Indicates the name of the Region Code. Indicates the name of the Region Code. System Displayed.
14	X (DE0000)	Edits: Valid values are 'X' or space.	The selection field is to view data on pricing or rate screens. INQUIRY (O/U) Enter an 'X' beside the field in which you wish to review data. The selection field is to add data on pricing or rate screens. ADD (O/U) Enter an 'X' beside the field in which you

			wish to add data.
			UPDATE (O/U)
			Enter an 'X' beside the field in which you wish to change data.
15	IP AREA MAX Procedure Amount (DE5047)	Edits: Rate type 'IP'; must be numeric or 'IC'.	Amount inpatient allowable (or professional component) to be paid to a physician for a procedure or service.
			Amount inpatient allowable (or professional component) to be paid to a physician for a procedure or service. Must be numeric or 'IC'.
			ADD (O/U)
			Enter the inpatient allowable amount to be paid to a physician for a procedure or service.
			UPDATE (O/U)
			Enter the change to the inpatient allowable amount to be paid to a physician for a procedure or service.
16	IP EFF DATE Procedure Amount Effective Date (DE5046)	Edits: Rate type 'IP'; must be valid date format (mmddccyy).	Effective date of associated amount.
			Effective date of associated amount. Must be valid date format (mmddccyy) or will default to current date if amount is entered.
			ADD (O/U)
			Enter the effective date of associated amount.
			UPDATE (O/U)
			Enter the change to the effective date of associated amount.
17	OP AREA MAX Procedure Amount (DE5047)	Edits: Rate type 'OP'; must be numeric or 'IC'.	Amount outpatient allowable (or professional component) to be paid to a physician for a procedure or service.
			Amount outpatient allowable (or professional component) to be paid to a physician for a procedure or service. Must be numeric or 'OC'.
			ADD (O/U)
			Enter the outpatient allowable amount to be paid to a physician for a procedure or service.
			UPDATE (O/U)
			Enter the change to the outpatient allow-

			able amount to be paid to a physician for a procedure or service.
18	OP EFF DATE Procedure Amount Effective Date (DE5046)	Edits: Rate type 'OP'; must be valid date format (mmddccyy).	Effective date of associated amount. Effective date of associated amount. Must be valid date format (mmddccyy) if entered or it will default to current date when amount is entered. ADD (O/U) Enter the effective date of associated amount. UPDATE (O/U) Enter the change to the effective date of associated amount.
19	PLACE SERV Claim Professional Place of Service (DE2173)	Edits: Must be a valid Place of Service Code (see CP_PLACE_OF_ SERV table).	Indicates a procedure is restricted to a particular place of service. Indicates a procedure is restricted to a particular place of service. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the code that indicates a procedure is restricted to a particular place of service. UPDATE (O/U) Enter the change to the code that indicates a procedure is restricted to a particular place of service.
20	TYPE SERV Claim Type of Ser-vice (DE2072)	Edits: Must be a valid Type of Service Code (see CP_TYPE_ SERVICE table).	Indicates the type of service(s) to which the procedure may be restricted. Indicates the type of service(s) to which the procedure may be restricted. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the code that indicates the type of ser-vice(s) to which the procedure may be restricted. UPDATE (O/U) Enter the change to the code that indicates the type of service(s) to which the pro-cedure may be restricted.
21	TPL CODES TPL Code (DE5422)	Edits: Must be a valid TPL	Indicates the Third Party Liability codes that may be billed for this procedure.

		Code (see Codes Value table).	Indicates the Third Party Liability codes that may be billed for this procedure. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the Third Party Liability codes that may be billed for this procedure. UPDATE (O/U) Enter the change to the Third Party Liability codes that may be billed for this procedure.
22	XREF Cross Reference Procedure Code (DE5164)	Edits: Enter a Procedure Code or NDC. The only edits on this field are: For an entry to be considered a Procedure Code, it must be a minimum of 3 characters or no more than 5 characters. For an entry to be considered to be an NDC Code, the data entered must be 11 positions. There is no comparison of the data entered to the Procedure or NDC tables to validate the code.	An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). Enter either the 7 character Procedure Code OR the 11 character NDC. ADD (O/U) Enter an explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). UPDATE (O/U) Enter the change to the explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).
23	PA TYPE Procedure PA Type (DE5017)	Edits: Must be valid PA Type:	Identifies the type of prior authorization required by the procedure. Identifies the type of prior authorization required by the procedure. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the code that identifies the type of prior authorization required by the procedure. UPDATE (O/U) Enter the change to the code that identifies the type of prior authorization required by the procedure.

24	PA TYPE: BEGIN DATE PA Type Effective Date (DE5018)	Edits: Must be a valid date format (mmddccyy); required if PA Type is entered.	Indicates the date that the PA type is effective. Indicates the date that the PA type is effective. Required if PA Type is entered or current date will default. For an add or update transaction, the date must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall after the PA Type Effective end date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. ADD (O/U) Enter the date that the PA type is effective. UPDATE (O/U) Enter the change to the date that the PA type is effective.
25	PA Type End PA Type End Date (DE5120)	Edits: N/A	Indicates the date that the PA type ends. Indicates the date that the PA type ends. For an add or update transaction, the date must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the PA Type begin date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. ADD (O/U) Enter the date that the PA type ends UPDATE (O/U) Enter the change to the date that the PA type ends.
26	PA Type ;Age Min Reference Procedure PA Type Age Minimum (DE5900)		The minimum age associated with the PA type for the procedure. The minimum age associated with the PA type for the procedure. ADD (R/U) Enter the minimum age associated with the PA type for the procedure. UPDATE (O/U) Enter the change to the minimum age asso-

			ciated with the PA type for the procedure.
27	PA Type Age Max Reference Procedure PA Type Age Maximum (DE5975)		The maximum age associated with the PA type for the procedure. The maximum age associated with the PA type for the procedure. ADD (R/U) Enter the maximum age associated with the PA type for the procedure. UPDATE (R/U) Enter the change to the maximum age associated with the PA type for the procedure.
28	Proj Reference Procedure TDO Project Code (DE5890)		Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim. Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim. ADD (O/U) Enter the Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim. UPDATE (O/U) Enter the change to the Project Code assigned to the procedure for a Temporary Detention Order (TDO) claim.
29	Proj Begin Reference Procedure TDO Project Code Begin Date (DE5891)	Edits: Required if project code entered/changed. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Reference Procedure TDO Project Code End date. - For an ADD transaction, the date can fall before a prior date, on the current	The date the Temporary Detention Order (TDO) Project Code is effective for the procedure. The date the Temporary Detention Order (TDO) Project Code is effective for the procedure. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Reference Procedure TDO Project Code End date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (O/U) Enter the date the Temporary Detention Order (TDO) Project Code is effective for the procedure. UPDATE (O/U)

		date, or on a future date.	Enter the change to the date the Temporary Detention Order (TDO) Project Code is effective for the procedure.
30	Proj End Reference Procedure TDO Project Code End Date (DE5892)		The date that the Temporary Detention Order (TDO) Project Code ends for the procedure. The date that the Temporary Detention Order (TDO) Project Code ends for the procedure. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not before the Reference Procedure TDO Project Code Begin date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (O/U) Enter the date the Temporary Detention Order (TDO) Project Code ends for the procedure. UPDATE (O/U) Enter the change to the date the Temporary Detention Order (TDO) Project Code ends for the procedure.

NAVIGATION	Home Health/Hospice/Revenue Codes/Procedures (RF-S-001-09)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through area maximum data	RF-S-010 ()
ENTER	Validates and updates data changed on the screen in an add or update mode; selects another procedure if entered.	AM-S-002 ()
EXCL EDITS	Displays edits excluded for the procedure/revenue code	RF-S-010 (B)
EXCLUDE VS	Displays value sets excluded for the procedure/revenue code	PD-S-005 (B)
SUB MENU	Returns to Reference Subsystem Menu without updating	N/A

FLAGS	Invokes procedure flags screen	RF-S-010 (B)
SCROLL DOWN	Scrolls forward through area maximum data	FN-S-018 ()
AREA HIST (area max)	Invokes history of area maximum rate data	N/A
INCL EDITS	Displays edits included for the procedure/revenue code	PD-S-005 (B)
INCLUDE VS	Displays value sets included for the procedure/revenue code	N/A
MAIN MENU	Returns to the MMIS Main Menu	RF-S-001-08 (R)
PLACE OF SERVICE (F21)	Replaces the Place of Service (POS) codes on the screen with additional Place of Service codes until positions allocated for POS is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the POS codes from the beginning.	N/A
TYPE OF SERVICE (F22)	Replaces the Type of Service (TOS) codes on the screen with additional Type of Service codes until positions allocated for TOS is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the TOS codes from the beginning.	N/A
TPL CODE (F23)	Replaces the Third Party Liability (TPL) codes on the screen with additional TPL codes until positions allocated for TPL is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the TPL codes from the beginning.	N/A
XREF DUP SRV AUTH (F24)	Replaces the Xref codes on the screen with additional Xref codes until positions allocated for Xref codes is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the XREF codes from the beginning.	N/A
PT/SPEC	Invokes provider type and specialty screen	PD-S-005 (B)
REFRESH	Rereads and displays the most current data on the screen.	RF-S-001-09 ()
RETURN	Returns to the screen that initiated the detail request.	N/A
UPDT	Validates and updates the data changed on the screen in Add/Update mode. Not valid in Inquiry mode.	RF-S-004 ()

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
5073	CANNOT UPDATE PROCEDURE CODE	Enter a valid Procedure code.
95	CICS ERROR	Contact ACS Operations for assistance.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5030	DATES OVERLAP EXISTING RECORD (S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
5321	DUPLICATE CROSS-REFERENCE	Research the Field Definitions for specifications for this field.
5315	DUPLICATE PLACE OF SERVICE	Research the Field Definitions for specifications for this field.
5323	DUPLICATE RATE FOUND	Research the Field Definitions for specifications for this field.
5319	DUPLICATE TPL	Research the Field Definitions for specifications for this field.
5317	DUPLICATE TYPE OF SERVICE	Research the Field Definitions for specifications for this field.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5074	END OF DATA PRESS SCROLL KEY AGAIN TO RESTART AT BEGINNING OF LIST.	Information message. No action needed.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5378	MINIMUM AGE CANNOT BE GREATER THAN MAXIMUM AGE	Enter a Minimum age less than Maximum age.

38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
5322	NEW REGION/CATEGORY NOT ALLOWED	Information message.
64	NO DATA TO SCROLL	Information message. No action needed.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED	Information message. No action needed.
5314	PLACE OF SERVICE NOT FOUND	Enter a valid place of service. See the Field Definitions for valid data for this field.
5075	PROCEDURE CODE NOT FOUND	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
5318	TPL CODE NOT FOUND	Enter a valid TPL code. See the Field Definitions for valid data for this field.
5316	TYPE OF SERVICE NOT FOUND	Research the type of service Field Definitions for data/formatting for this field. Enter a new type of service.
5388	XREF INVALID LENGTH FOR PROCEDURE OR NDC	Information message.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Revenue from the drop-menu in the Procedures box.
4. Choose the Add or Update radio button in the Function box.
5. Enter a procedur code (4-digit Home Health or ode or 5-digit for Home Hospice) in the Value field.
6. Choose Enter.
7. You see the Home Health/Hospice/Revenue Codes/Procedures screen (RF-S-001-09).
New Screen Functionality: The begin date/end date parameters have changed for these date fields:
PA Type
As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Subsystem.

Screens RF-S-001-10 ICD-10-CM Procedure/LOS

General Information

The ICD-10-CM Procedure/LOS screen presents data pertaining to a specific procedure and associated length of stay information. This screen is invoked from the Reference Subsystem Menu screen (RF-S-004) by entering the appropriate value in the key value and pressing the UPDATE or INQUIRY button.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	RFT191
MAPSET	RF191
TRAN ID	VS38 (Inquiry), VS39 (Update)

SAMPLE	ICD-10-CM Procedure/LOS (RF-S-001-10)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROC Procedure Code (DE5002)	Messages: PROCEDURE CODE NOT FOUND.	Code used to identify a specific ICD-9-CM diagnosis/surgical procedure. Code used to identify a specific ICD-9-CM diagnosis/surgical procedure. UPDATE (R/U) Enter the change to the code used to identify the diagnosis/surgical procedure.
2	DESC Procedure Short Name (DE5015)		Description of the procedure code in lay terminology. Description of the procedure code in lay terminology.

			UPDATE (R/U) Enter the change to the description of the procedure code.
3	BEGIN Procedure Coverage Begin Date (DE5003)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Procedure Coverage End Date. - For an ADD trans-action, the date can fall before a prior date, on the current date, or on a future date. Messages: MISSING/INVALID DATA;CORRECT HIGHLIGHTED FIELD(S).	Beginning date of coverage for a Pro-cedure Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Procedure Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. UPDATE (R/U) Enter the change to the beginning date of coverage for a Procedure Code.
4	END Procedure Coverage End Date (DE5004)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be	Ending date of coverage for a Procedure Code. Enter the ending date of coverage for a Pro-cedure Code. For an add or update trans-action, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. - If Procedure Coverage End Date falls before the current date, then this date may

		changed, and its value may be a prior date, current date, or another future date-- so long as all other edits are adhered to. - If Procedure Coverage End Date falls before the current date, then it may not be changed. Messages: MISSING/INVALID DATA;CORRECT HIGHLIGHTED FIELD(S).	not be changed. UPDATE (O/U) Enter the change to the ending date of coverage for a Procedure Code.
5	AGE: MIN Procedure Minimum Age Limit (DE5009)	Edits: Must be numeric. If entered, must not be greater than Age Maximum. Messages: MINIMUM AGE CANNOT BE GREATER THAN MAXIMUM AGE MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	Minimum age of the enrollee to which a procedure is restricted. Minimum age of the enrollee to which a procedure is restricted. Must be numeric. UPDATE (O/U) Enter the change to the minimum age of the enrollee to which a procedure is restricted.
6	(AGE:) MAX Procedure Maximum Age Limit (DE5010)	Edits: Must be numeric. If entered, must not be less than Minimum Age. Messages: MINIMUM AGE CANNOT BE GREATER THAN MAXIMUM AGE MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	Maximum age of the enrollee to which a procedure is restricted. Maximum age of the enrollee to which a procedure is restricted. Must be numeric. UPDATE (O/U) Enter the change to the maximum age of the enrollee to which a procedure is restricted.

7	P/R Procedure Pend Review Indicator (DE5007)	Edits: Must be valid value: (space (Do not pend), 'P' (pend any claim), For HCPCS and ICD9/10CM: 'B' Pend for Professional Service Review (Ster-/Hist/Abort Consent), 'E' Pend for Professional Services Review (Material and Infant Care Coordination Documentation), 'O' Pend for Professional Service Review (Outpatient Surgery), 'R' Pend for Professional Service Review (Risk Screen), and 'S' Pend for Professional Service Review (EPSDT) Covered Services (HCPCS only). Messages: MISSING/INVALID DATA;CORRECT HIGHLIGHTED FIELD(S).	This indicator determines whether the procedure should be approved, pended, or denied. This indicator determines whether the procedure should be approved, pended, or denied. Use the On-line HELP system to find valid codes for this field. UPDATE (O/U) Enter the changes to the indicator which determines whether the procedure should be approved, pended, or denied.
8	SEX Valid Sex Code (DE5011)	Edits: Valid values are 'F' (female), 'M' (male), or space (no restriction). Messages: VALID SEX CODE MUST BE 'F' OR 'M' OR BLANK/SPACE.	Sex of the enrollee to which a procedure is restricted. Sex of the enrollee to which a procedure is restricted. Valid codes are 'F' (female), 'M' (male), or space (no restriction). UPDATE (O/U) Enter the change to the sex of the enrollee to which a procedure is restricted.
9	PL SRV Claim Professional Place of Service (DE2173)	Edits: Must be valid Place of Service Code (see CP-PLACE-OF-SERV table).	Indicates a procedure is restricted to a particular place of service. Indicates a procedure is restricted to a particular place of service. Must be valid Place of Service Code. Use the On-line HELP

		Messages: PLACE OF SERVICE NOT FOUND DUPLICATE PLACE OF SERVICE	system to find valid codes for this field. UPDATE (R/U) Enter the changes to the particular place of service.
10	TY SRV Claim Type of Service (DE2072)	Edits: Must be valid Type of Service Code (see CP-TYPE-SERVICE table). Messages: TYPE OF SERVICE NOT FOUND. DUPLICATE TYPE OF SERVICE.	Indicates the type of service(s) to which the procedure may be restricted. Indicates the type of service(s) to which the procedure may be restricted. Use the On-line HELP system to find valid codes for this field. UPDATE (R/P) Enter the changes to the type of service(s) to which the procedure may be restricted.
11	TPL TPL Code (DE5422)	Edits: Must be valid TPL Code (see Codes Value table). Messages: TPL CODE NOT FOUND. DUPLICATE TPL.	Indicates the list of Third Party Liability codes that may be billed for this procedure. Indicates the list of Third Party Liability codes that may be billed for this procedure. Use the On-line HELP system to find valid codes for this field. UPDATE (O/U) Enter changes to the Third Party Liability codes that may be billed for this procedure.
12	XREF Cross Reference Procedure Code (DE5164)	Edits: Enter a Procedure Code or NDC. The only edits on this field are: For an entry to be considered a Procedure Code, it must be a minimum of 3 characters or no more than 5 characters. For an entry to be considered to be an NDC Code, the data entered must be 11 positions. There is no comparison of the data entered to the Procedure or NDC tables to validate the	An explicit reference crosswalking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). An explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes). UPDATE (O/U) Enter changes to the explicit reference cross walking a deleted code or a code that is not valid for Medicare to a valid current code (or range of codes).

		code. Messages: DUPLICATE CROSS-REFERENCE	
13	LOS KEY HCIA LOS Group (DE5467)	Edits: This field is for display only.	The Length of Stay (LOS) group number which tells which table in the LOS file will provide norms for specific ICD codes. 'ALL' indicates use of default statistics from HCIA where specific statistics were unavailable. The Length of Stay (LOS) group number which tells which table in the LOS file will provide norms for specific ICD codes. 'ALL' indicates use of default statistics from HCIA where specific statistics were unavailable. System Displayed.
14	(LOS) BEG DATE LOS Begin (DE5329)		Beginning date of length-of-stay (LOS) data. Beginning date of length-of-stay (LOS) data. System Displayed.
15	PCT LOS Percentile (DE5323)		Indicates the percentile that the LOS data represents for a diagnosis. Indicates the percentile that the LOS data represents for a diagnosis. System Displayed.
16	(LOS) 0-19 LOS for Age Range 00-19 (DE5335)		The length-of-stay (LOS) for a diagnosis for recipients in age range 00-19 for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in age range 00-19 for the specified percentile/group. System Displayed.
17	(LOS) 20-34 LOS for Age Range 20-34 (DE5336)		The length-of-stay (LOS) for a diagnosis for recipients in age range 20-34 for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in age range 20-34 for the specified percentile/group. System Displayed.
18	(LOS) 35-49 LOS for Age Range 35-49 (DE5337)		The length-of-stay (LOS) for a diagnosis for recipients in age range 35-49 for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in age range 35-49 for the specified percentile/group. System Displayed.

19	(LOS) 50-64 LOS for Age Range 50-64 (DE5338)		The length-of-stay (LOS) for a diagnosis for recipients in the age range 50-64 for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in the age range 50-64 for the specified percentile/group. System Displayed.
20	(LOS) 65 + LOS for Age Range 65+ (DE5339)		The length-of-stay (LOS) for a diagnosis for recipients in the age range 65 and over for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in the age range 65 and over for the specified percentile/group. System Displayed.
21	SING DX LOS Percentile for Single Diagnosis (DE5346)		Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis, as specified for a diagnosis. System Displayed.
22	MULT DX LOS Percentile for Multiple Diagnosis (DE5343)		Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis, as specified for a diagnosis. System Displayed.
23	SING DX SURG LOS Percentile for Single Diagnosis With Surgery (DE5347)		Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with surgery involved, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with surgery involved, as specified for a diagnosis. System Displayed.
24	MULT DX SURG LOS Percentile for Multiple Diagnosis With Surgery (DE5344)		Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with surgery involved, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with surgery involved, as specified for a diagnosis. System Displayed.
25	SING NO SURG		Hospital length-of-stay (LOS) in days for

	LOS Percentile for Single Diagnosis Without Surgery (DE5348)		the percentile for a single diagnosis and with no surgery involved, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with no surgery involved, as specified for a diagnosis. System Displayed.
26	MULT NO SURG LOS Average for Multiple Diagnosis With Surgery (DE5349)		Average hospital length-of-stay (LOS) in days with multiple diagnosis with no surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with multiple diagnosis with no surgery, specified for a diagnosis. System Displayed.
27	AVG LOS SING DX LOS Average for Single Diagnosis (DE5327)		Average hospital length-of-stay (LOS) in days with a single diagnosis, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with a single diagnosis, specified for a diagnosis. System Displayed.
28	AVG LOS MULT DX LOS Average for Multiple Diagnosis (DE5328)		Average hospital length-of-stay (LOS) in days with a multiple diagnosis, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with a multiple diagnosis, specified for a diagnosis. System Displayed.
29	AVG LOS SING DX SURG LOS Average for Single Diagnosis With Surgery (DE5351)		Average hospital length-of-stay (LOS) in days with a single diagnosis with surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with a single diagnosis with surgery, specified for a diagnosis. System Displayed.
30	AVG LOS MULT DX SURG LOS Average for Multiple Diagnosis With Surgery (DE5349)		Average hospital length-of-stay (LOS) in days with multiple diagnosis with surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with multiple diagnosis with surgery, specified for a diagnosis. System Displayed.
31	AVG LOS SING NO SURG LOS Average for Single Diagnosis		Average hospital length-of-stay (LOS) in days with a single diagnosis with no surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in

	Without Surgery (DE5352)		days with a single diagnosis with no surgery, specified for a diagnosis. System Displayed.
32	AVG LOS MULT NO SURG LOS Average for Multiple Diagnosis Without Surgery (DE5350)		Average hospital length-of-stay (LOS) in days with multiple diagnosis with no surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with multiple diagnosis with no surgery, specified for a diagnosis. System Displayed.

NAVIGATION	ICD-10-CM Procedure/LOS (RF-S-001-10)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Validates data changed on the screen in update mode; selects another ICD-10-CM code to start a new inquiry if entered.	N/A
EXCL EDITS	Displays edits excluded for the procedure	N/A
EXCLUDE VS	Displays value sets excluded for the procedure code	RF-S-004 (B)
SUB MENU	Returns to Reference Subsystem Menu without updating	RF-S-002-05 RF-S-004 (B)
FLAGS	Invokes procedure flags screen	N/A
INCL EDITS	Displays edits included for the procedure	N/A
INCLUDE VS	Displays value sets included for the procedure code	N/A
MAIN MENU	Returns to the MMIS Main Menu.	RF-S-001-09 (R)
PLACE OF SERVICE	Replaces the Place of Service (POS) codes on the screen with additional Place of Service codes until positions allocated for POS is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the POS codes from the beginning.	RF-S-004 ()
TYPE OF SERVICE	Replaces the Type of Service (TOS) codes on the screen with additional Type of Service codes until positions allocated for TOS is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the TOS codes from the beginning.	N/A
TPL CODE	Replaces the Third Party Liability (TPL) codes on the screen with additional Third Party Liability codes	N/A

	until positions allocated for TPL is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the TPL codes from the beginning.	
XREF DUP SRV AUTH	Replaces the Xref codes on the screen with additional Xref codes until positions allocated for Xref is filled or no more codes. Display a message when the last code has been displayed. If the last code has been displayed and the MORE button is pressed, display the Xref codes from the beginning.	RF-S-001-01 RF-S-001-08 RF-S-001-09 ()
PT SPEC	Invokes provider type and specialty screen	N/A
REFRESH	Rereads and displays the most current data on the screen.	RF-S-001-01 RF-S-001-08 RF-S-001-09 ()
RETURN	Returns to the screen that initiated the detail request.	RF-S-001-08 ()
UPDT	Validates and updates the data changed on the screen in Update mode. Not valid in Inquiry mode.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
5073	CANNOT UPDATE PROCEDURE CODE	Enter a valid Procedure code.
95	CICS ERROR	Contact ACS Operations for assistance.
5320	CROSS-REFERENCE NOT FOUND	Enter a new cross-reference number.
26	DATA ADDED	Information message. No action needed.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5321	DUPLICATE CROSS-REFERENCE	Research the Field Definitions for specifications for this field.
5315	DUPLICATE PLACE OF SERVICE	Research the Field Definitions for specifications for this field.
5319	DUPLICATE TPL	Research the Field Definitions for specifications for this field.
5317	DUPLICATE TYPE OF SERVICE	Research the Field Definitions for specifications for this field.

5074	END OF DATA PRESS SCROLL KEY AGAIN TO RESTART AT BEGINNING OF LIST.	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5378	MINIMUM AGE CANNOT BE GREATER THAN MAXIMUM AGE	Enter a Minimum age less than Maximum age.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
64	NO DATA TO SCROLL	Information message. No action needed.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED	Information message. No action needed.
5310	PERCENT NOT FOUND	Information message. No action needed.
5314	PLACE OF SERVICE NOT FOUND	Enter a valid place of service. See the Field Definitions for valid data for this field.
5075	PROCEDURE CODE NOT FOUND	Information message. No action needed.
5379	PROCEDURE HAS BEEN CLOSED CANNOT UPDATE.	Information message.
25	RECORD UPDATED	Information message. No action needed.
5318	TPL CODE NOT FOUND	Enter a valid TPL code. See the Field Definitions for valid data for this field.
5316	TYPE OF SERVICE NOT FOUND	Research the type of service Field Definitions for data/formatting for this field. Enter a new type of service.
59	VALID FUNCTION FOR THIS SELECTION IS CHANGE OR INQUIRY	Choose a valid Function (Change or Inquiry).
5380	VALID SEX CODE MUST BE 'F' OR 'M' OR BLANK/SPACE	Enter a valid sex code.
5388	XREF INVALID LENGTH FOR PROCEDURE OR NDC	Information message.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select ICD-10-CM from the drop-menu in the Procedures box.
4. Choose the Update radio button in the Function box.
5. Enter a procedure code (up to 7 digits) in the Value field.
6. Choose Enter.

7. You see the ICD-10-CM Procedures screen (RF-S-001-10).
New Screen Functionality: The begin date/end date parameters have changed for these date fields:
Procedure Coverage
As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Sub-system.

Screens RF-S-002-01 Error Text Directory

General Information

The Error Text Directory screen presents a scrollable list of all Claim Processing Edit Codes. This screen is invoked by the Reference Subsystem Menu (RF-S-004).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT201
MAPSET	RFS2001
TRAN ID	VS42 (Inquiry)

SAMPLE	**Error Text Directory (RF-S-002-01)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECT ESC CODE Error ESC Code (DE5609)	Edits: User may enter ESC Code desired without having to scroll through the Directory Screen. The ESC Code must be a valid Code contained on the Edit Text Table	Supporting code to Error Text Error Code that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria. INQUIRY (O/U) Enter the ESC Code desired without having to scroll through the Directory Screen.

		Edits: / Messages:	Description
		(RF_EDIT_TEXT), ELSE it is an error. Messages: INVALID ESC CODE	Supporting code to Error Text Error Code that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria. UPDATE (O/U) Enter the ESC Code desired without having to scroll through the Directory Screen.
2	CMD (DE0000)	Edits: Valid value is 'X'; ELSE Error. Messages: INVALID COMMAND - VALID VALUE: 'X'	The field to select the desired type of function. INQUIRY (O/U) Enter an 'X' to select the ESC you wish to inquire. The field to select the desired type of function. ADD (O/U) ECS Code has to be made in the Menu screen. UPDATE (O/U) Enter a 'X' by the selected ESC you wish to update.
3	ESC CODE Error ESC Code (DE5609)	Edits: When ADDing a new Edit Text row, ESC Code must be numeric, greater than zeroes, and be unique (cannot have an existing duplicate). Messages: 'INVALID ESC CODE - MUST BE NUMERIC AND GREATER THAN ZEROES' 'ESC CODE ALREADY EXISTS'	Supporting code to Error Text Error Code that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria. Supporting code to Error Text Error Code that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria. When adding a new Edit Text row, ESC Code must be numeric, greater than zeroes, and be unique (cannot have a existing duplicate). UPDATE (R/P) System Displayed.
4	ERR CODE Error Text Error Code (DE5501)	Edits: For an ADD transaction it will be unprotected. It must be	Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Code assigned to each edit error identified

		numeric and greater than zeroes. Messages: 'INVALID ERROR TEXT CODE - MUST BE NUMERIC AND GREATER THAN ZEROES'	in the Claims Processing Subsystem Edit/Audit Manual. For an ADD transaction it will be unprotected. It must be numeric and greater than zeroes. UPDATE (R/P) System Displayed.
5	SHORT DESCRIPTION Error Text Short Description (DE5513)	Edits: This field is required for an ADD transaction; it must be greater than underscores. For an ADD, it will be unprotected. Messages: 'SHORT DESCRIPTION IS REQUIRED'	Error description that appears on the Daily Pend List. Error description that appears on the Daily Pend List. This field is required for an ADD transaction; it must be greater than underscores. For an ADD, it will be unprotected. UPDATE (R/P) System Displayed.
6	EFFECTIVE BEGIN DATE Error Text Disposition Location Effective Date (DE5602)	Edits: Data is retrieved from earliest Begin Date for 'this' ESC from the associated Disposition/Location rows on RF_ ERROR_DISP_LOC Table.. Messages: 'INVALID DATE'	Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. System Displayed.
7	EFFECTIVE END DATE Disposition Location End Date (DE5682)	Edits: Data is retrieved from latest End Date for 'this' ESC from the associated Disposition/Location rows on RF_ ERROR_DISP_LOC Table..	Disposition Location End Date. Disposition Location End Date. System Displayed.

Function (B) or (M)	Action	or Return To (R)
SCROLL UP	The screen will display the previous sequential set of Error Text Codes when (SCROLL UP) is depressed.	RS-S-076 ()
ENTER	Place an 'X' in a CMD field beside the ESC selected in order to navigate to the Edit Text screen to view or update the detail row data.	N/A
SUB MENU	Returns to the Reference Subsystem Menu. If this screen was entered from the PRN System via PRT88MEN, then the Reference program, RFT201VA, navigates back to the invoking program, PRT88MEN.	N/A
SCROLL DOWN	The screen will display the next sequential set of Error Text Codes when SCROLL DOWN is depressed.	RS-S-000 ()
MAIN MENU	Returns to Main System Menu.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5014	CMD IS INVALID	Enter a valid Command. See the Field Definitions for valid Command specifications.
5031	DATA DISPLAYED	Information message. No action needed.
5011	EDIT TEXT DATA DISPLAYED	Information message. No action needed.
5015	ESC CODE IS INVALID; MUST BE NUMERIC AND GREATER THAN ZEROES	Edit field data.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
5024	NO EDIT TEXT DATA PRESENT	Enter edit text data. See the Field Definitions for valid values for the field.
5021	PAGE-DOWN NOT ACTIVE	Information message. No action needed.
5020	PAGE-UP NOT ACTIVE	Information message. No action needed.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Main Menu (RF-S-004).

3. Choose Error Text from the drop-menu in the System Support box.

4. Choose the Inquiry radio button in the Function field.

5. Choose the Enter button.

6. You see the Error Text Directory screen (RF-S-002-01).

Screens RF-S-002-02 Edit Text

General Information

The Edit Text screen presents standard processing parameters for Claims Processing edits. This screen is invoked by the Edit Text Directory program, RFT201 and by the Reference Sub-system Menu program, RFT001. The Edit Text screen, RF-S-002-01, contains data that apply to all instances of the edit.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT202
MAPSET	RFS2002
TRAN ID	VS43 (Inquiry), VS44 (Update), VS45 (Add)

SAMPLE	Edit Text (RF-S-002-02)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ERR ESC Error ESC Code (DE5609)	Edits: Must be numeric. The value of this code, in combination with the Error Text Code (DE5501), cannot exist on another row in this table (RF_EDIT_TEXT).	Supporting code to Error Text Error Code that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria.

		Messages: INVALID OR DUPLICATE ESC CODE RECORD ALREADY EXISTS	Supporting code to Error Text Error Code (DE5501) that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria. System Displayed.
2	EDIT CODE Error Text Error Code (DE5501)	Edits: Must be numeric. The value of this code, in combination with the Error ESC Code (DE5506), cannot exist on another row in this table (RF_EDIT_TEXT). Messages: INVALID ERROR CODE	Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Must be numeric. ADD (R/P) Enter the code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. UPDATE (R/P) Enter the change to the code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.
3	EDIT TYPE Edit Error Edit Type (DE5680)	Edits: Validate this field using Edit Type CNUM (196) and the value in EDIT TYPE (CVAL) to determine the Key for searching the Global Code Table (GL_CODE_VALUE). If the value entered on the screen is NOT FOUND, then SEND error message. Messages: 'INVALID EDIT TYPE'	Edit Error Edit Type. Edit Error Edit Type. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter the valid Edit Type for the Edit Error. UPDATE (R/U) Enter the change to the Edit Type for the Edit Error.
4	SHORT DESCRIPTION Error Text Short Description (DE5513)	Edits: Field must be greater than underscores. Messages: YOU MUST INCLUDE A SHORT DESCRIPTION	Error description that appears on the Daily Pend List. Error description that appears on the Daily Pend List. Field must be greater than underscores.

			ADD (R/U) System Displayed. UPDATE (R/U) Enter the changes to the error description that appears on the Daily Pend List.
5	(EFFECTIVE DATES) BEGIN Error Text Disposition Location Effective Date (DE5602)	Edits: Data is retrieved from earliest Begin Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table.. Messages: N/A	Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. System Displayed.
6	(EFFECTIVE DATES) END Disposition Location End Date (DE5682)	Edits: Data is retrieved from latest End Date for 'this' ESC from the associated Disposition/Location rows on RF_ ERROR_DISP_LOC Table.. Messages: N/A	Disposition Location End Date. Disposition Location End Date. System Displayed.
7	LONG DESCRIPTION Error Text Long Description (DE5514)	Edits: Field must be greater than underscores. Messages: YOU MUST INCLUDE A DESCRIPTION	Error description that appears on the Remittance Advices (EOBs) and Provider Reject Notices. Error description that appears on the Remittance Advices (EOBs) and Provider Reject Notices. Field must be greater than underscores. ADD (R/U) Enter the error description that appears on the Remittance Advices (EOBs) and Provider Reject Notices. UPDATE (R/U) Enter the change to the error description that appears on the Remittance Advices (EOBs) and Provider Reject Notices.
8	TAD	Edits:	This code denotes whether the

	Error Text Turn Around Document (TAD) Indicator (DE5516)	Valid values are space, 'N', or 'Y'. Default is 'N'. Messages: VALID VALUES ARE SPACE, 'N' OR 'Y'	error can be used to generate a TAD during pend resolution. This code denotes whether the error can be used to generate a TAD during pend resolution. ADD (O/U) Select this code which denotes whether the error can be used to generate a TAD during pend resolution. UPDATE (O/U) Select or de-select this code which denotes whether the error can be used to generate a TAD during pend resolution.
9	DENY Error Text Deny Indicator (DE5517)	Edits: Valid values are space, 'N' or 'Y'. Default is 'N'. Messages: VALID VALUES ARE SPACE, 'N' OR 'Y'	This code denotes whether the error can be used to deny the claim during pend resolution. This code denotes whether the error can be used to deny the claim during pend resolution. ADD (O/U) Select this code which denotes whether the error can be used to deny the claim during pend resolution. UPDATE (O/U) Select or de-select this code which denotes whether the error can be used to deny the claim during pend resolution.
10	RES. OVERRIDE Error Text Resolution Override Indicator (DE5504)	Edits: Valid values are space, 'N' or 'Y'. Default is 'N'. Messages: VALID VALUES ARE SPACE, 'N' OR 'Y'	A code indicating whether an error can be overridden manually. A code indicating whether an error can be overridden manually. ADD (O/U) Select this code indicating whether an error can be overridden manually. UPDATE (O/U)

			Select or de-select this code indicating whether an error can be overridden manually.
11	RA PRINT Error Text Remittance Advice Print Indicator (DE5507)	Edits: Valid values are space, 'N' or 'Y'. Default is 'N'. Messages: VALID VALUES ARE SPACE, 'N' OR 'Y'	Indicates whether the Error Message will print on the Remittance Advice. Indicates whether the Error Message will print on the Remittance Advice. ADD (O/U) Select whether the Error Message will print on the Remittance Advice. UPDATE (O/U) Select or de-select whether the Error Message will print on the Remittance Advice.
12	ADJUSTMENT Edit Text Adjustment Code (DE5498)	Edits: Valid Values are 'Y' or 'N'. Default is 'N'. Messages: 'INVALID DATA'	Edit Text Adjustment Code. Edit Text Adjustment Code. Valid codes are 'Y' or 'N'. Default is 'N'. ADD (O/U) Select the Adjustment if 'Yes' is desired or deselect for 'No'. UPDATE (O/U) Select the Adjustment if 'Yes' is desired or deselect for 'No'.
13	DISPLAY PRIORITY Error Text Display Priority (DE5499)	Edits: If entered, must be numeric. Messages: 'INVALID DATA'	For Point of Sale Claims (POS). When there are errors, a priority is placed on each error to determine which error should be sent first to the Provider. For Point of Sale Claims (POS). When there are errors, a priority is placed on each error to determine which error should be sent first to the Provider. If entered, must be numeric and greater than zeroes. ADD (O/U) Enter priority established for

			Edit Code.
			UPDATE (O/U)
			Enter change to priority established for Edit Code.
14	COMPOUND Edit Text Compound Code (DE5681)	Edits: Valid values are 'Y' or 'N'. 'N' is the default. Messages: 'VALID VALUES ARE 'Y' OR 'N'	Edit Text Compound Code. Edit Text Compound Code. ADD (O/U) Select this to indicate Edit Text Compound Code. UPDATE (O/U) Select or de-select to indicate Edit Text Compound Code.
14.5	NCPDP ERROR Error Text NCPDP Error Code (DE5522)	Edits: Edit to the Valid Values list for DE5522.	This is the error code assigned by NCPDP that is returned on Pharmacy POS transactions. This is the error code assigned by NCPDP that is returned on Pharmacy POS transactions. Use the On-line HELP System to find valid codes for this field. ADD (O/U) Enter the valid error code assigned by NCPDP that is returned on Pharmacy POS transactions. UPDATE (O/U) Enter the change to the error code assigned by NCPDP that is returned on Pharmacy POS transactions.
15	SEL (SELECT) (DE0000)	Edits: When the User is attempting to UPDATE existing data or to ADD new data, anything keyed into the SEL field is ignored. When attempting to Navigate to the Disposition/Location screen or to the Edit Criteria screen, the only Valid value is 'X' to identify which Form/Program and Claim Type has been selected. Messages: 'SEL IS INVALID'	The field is used when attempting to navigate to the Disposition/Location or the Edit Criteria screens. INQUIRY (O/U) Enter a 'X' to identify which Form/Program and Claim Type desired. The field is used when attempting to navigate to the Disposition/Location or the Edit Criteria screens.

			ADD (O/U)
			No entry is required in this field to enter a new transaction.
			UPDATE (O/U)
			Enter a 'X' to identify which Form/Program and Claim Type to be changed.
16	BENEFIT PROG Benefit Definition Plan Program Code (DE3551)	Edits: Validate this field using Recipient Benefit Package Table (RS_BENEFIT_PACKAGE): SELECT FROM RS_BENEFIT_PACKAGE WHERE screen value = I_BNFT_PGM. If Not Found, display error message. WHEN Edit Error Edit Type = 'Z', then Benefit Plan Program must be = '01', ELSE send error message. Messages: 'INVALID DATA' 'BENEFIT PLAN INCOMPATIBLE WITH EDIT TYPE'	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter the first tier or level of the code structure defining the Benefit Plan. UPDATE (R/U) Enter the change to the first tier or level of the code structure defining the Benefit Plan.
17	FORM CODE Claim Form Code (DE5876)	Edits: The data in this field on the screen will be Claim Form Code (DE5876). Validate this field using Claim Form CNUM (145) and the value in FORM/BENEFIT (CVAL) to determine the Key for searching the Global Code Table (GL_CODE_VALUE). If Not Found, display error message. Messages: 'INVALID VALUE'	Claim Form Code. Claim Form Code. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter the valid Claim Form Code. UPDATE (R/U) Enter the change to the Claim Form Code.
18	CLAIM TYPE	Edits:	A code defining the claim form

| | Claim Type (DE2002) | Data entered for ADD or UPDATE must be equal to one of the valid values in the domain in the DED for this data element. Validate this field using Claim Type CNUM (194) and the value in CLAIM TYPE (CVAL) to determine the Key for searching the Global Code Table (GL_CODE_ VALUE).

WHEN Form Code = 'UB92', then Claim Type must be 01, 02, 03, or 10.

WHEN Form Code = 'HCFA', then Claim Type must be 04, 05, 08, 15, 16, 17, or 96.

WHEN Form Code = 'ADA', then Claim Type must be 11.

WHEN Form Code = 'DRUG' or 'SRVC', then Claim Type must be 06.

WHEN Form Code = 'XOVA' or XOVB', then Claim Type must be 09.

ELSE it is an error.

WHEN Benefit Program = 02, then Claim Type must be 01, 03, or 05.

WHEN Beneift Program = 03, then Claim Type must be 01, 03, 05, 08, or 13.

ELSE it is an error.

Messages:

INVALID CLAIM TYPE

'CLAIM TYPE NOT COMPATIBLE WITH FORM CODE'

'CLAIM TYPE NOT COMPATIBLE WITH BENEFIT PROGRAM' | document filed by a provider; depends on provider type and claim form type.

A code defining the claim form document filed by a provider; depends on provider type and claim form type. Use the On-line HELP system to find valid codes for this field.

ADD (R/U)

Enter the code defining the claim form document filed by a provider; depends on provider type and claim form type.

UPDATE (R/U)

Enter the change to the code defining the claim form document filed by a provider; depends on provider type and claim form type. |
| 19 | PA OVR
Error Text Prior Authorization Override Indicator (DE5518) | Edits:
Valid Values are 'Y' and 'N'. Default is 'N'.
Messages:
'INVALID DATA' | Denotes whether the presence of a prior authorization record can be used during claims adjudication to override the error.

Denotes whether the presence of a prior authorization record can be used during claims adjudication to override the error. Valid codes are 'Y' and 'N'. Default is 'N'. |

			ADD (O/U)
			Enter the PA Override code.
			UPDATE (O/U)
			Enter the change to the PA Override code.
20	CUT BK Cutback or Reduction in a Provider Payment (DE5607)	Edits: Match to a Value in GL_CODE_VALUE Table. CNUM value is 284. Messages: 'INVALID DATA'	Cutback or Reduction in a provider payment for a payment request. Cutback or Reduction in a provider payment for a payment request. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the valid Cutback code. UPDATE (O/U) Enter the change to the Cutback code.
21	CRITERIA EXIST Edit Criteria Exists (DE5724)	Edits: Valid value is 'Y' or 'N'. Default is 'N'. Messages: INVALID ENTRY - VALID VALUE IS 'Y', 'N', OR SPACE'	Indicates whether or not an Edit Criteria Set exists for this Edit #. Indicates whether or not an Edit Criteria Set exists for this Edit #. Valid code is 'Y' or 'N'. Default is 'N'. ADD (O/U) Enter the code that indicates whether or not an Edit Criteria Set exists for this Edit #. UPDATE (O/U) Enter the change to the code that indicates whether or not an Edit Criteria Set exists for this Edit #.
22	(EFFECTIVE DATES) BEGIN Error Text Disposition Location Effective Date (DE5602)	Edits: Data is retrieved from earliest Begin Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table.. Messages: N/A	Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception

			Indicator becomes effective. System Displayed.
23	(EFFECTIVE DATES) END Disposition Location End Date (DE5682)	Edits: Data is retrieved from latest End Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table.. Messages: N/A	Disposition Location End Date. Disposition Location End Date. System Displayed.

NAVIGATION	Edit Text (RF-S-002-02)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Brings previous Edit Text record along with all Program/Claim Type data that belong to 'this' ESC and Edit Code.	RS-S-076 ()
SCROLL UP	This key is meant to allow the user to scroll backward through the Program/Claim Type data that are associated with 'this' ESC and Edit Code.	N/A
CLEAR FORM	Program redisplays screen without any data	N/A
CLEARPROG	Clear Program/Form and Claim Type data from bottom of screen in order to ADD additional Program/Form and Claim Type data.	N/A
DISP/LOC	When this key is depressed and the Program/Claim Type is selected with an 'X' in the Command field, program navigates to Disposition/Location screen for 'this' ESC Code.	RS-S-076 (B)
EDIT CRIT	When this key is depressed and the Program/Claim Type is selected with an 'X' in the Command field, the program navigates to the Edit Criteria detail screen.	N/A
ENTER	This key is used to perform on-line editing. If any errors are detected as a result of editing, a message will appear on the screen.	N/A
SUB MENU	Returns to the Reference Subsystem Menu. No data is returned.	RS-S-076 (R)
SCROLL DOWN	Brings next sequential Edit Text record along with all Program/Claim Type data that belong to 'this' ESC and Edit Code.	N/A
SCROLL DOWN	This key is meant to allow the user to scroll forward through the Program/Claim Type data that are associated with 'this' ESC and Edit Code.	N/A
MAIN MENU	Returns to Main System Menu	N/A
REFRESH	Data is re-populated on the screen.	N/A

RETURN	Returns to the invoking program/screen.	RS-S-076 (R)
UPDT	Data Validation takes place and UPDATE or ADD if edits are passed.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5058	BEGIN DATE CANNOT BE LESS THAN EDIT TEXT BEGIN DATE	Enter a Begin Date greater than the edit text begin date. See the Field Definitions for explanation of valid begin dates.
5057	BEGIN DATE IS INVALID	Enter a valid begin date. See the Field Definitions for explanation and formatting of valid begin dates.
5052	BENEFIT PLAN PROGRAM CODE IS INVALID	Information message.
5013	BLANK LINE INSERTED AT TOP	Information message.
5053	CANNOT MODIFY END DATE AND ANOTHER FIELD IN THE SAME TRANSACTION	Choose Enter to save the end date modification, then make further modifications.
5051	CLAIM FORM CODE IS INVALID	Information message.
5088	CLAIM TYPE DOES NOT MATCH FORM CODE	Information message.
5050	CLAIM TYPE IS INVALID	Enter a valid Claim Type. See the Field Definitions for valid data and formatting for this field.
5269	CLEARFORM IS VALID IN ADD MODE ONLY	Change to the maintenance screen to complete this action.
5014	CMD IS INVALID	Enter a valid Command. See the Field Definitions for valid Command specifications.
5072	COMMAND INVALID IN INQUIRY AND CHANGE MODES	Switch to the maintenance screen to complete this task.
5064	CUT BACK IS INVALID	Information message.
26	DATA ADDED	Information message. No action needed.
5031	DATA DISPLAYED	Information message. No action needed.
5161	DATA IS CORRECT YOU MAY NOW ADD THE RECORD.	Information message.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.

5017	DATE IS INVALID	Enter a valid date. See the Field Definitions for specifications on the date to be entered.
5049	DATE IS INVALID (OVERLAP)	Enter another date. See the Field Definitions for specifications on the date to be entered.
5011	EDIT TEXT DATA DISPLAYED	Information message. No action needed.
5047	EDIT TYPE IS INVALID	Research the Field Definitions for specifications for this field.
5044	END DATE CANNOT BE LESS THAN BEGIN DATE	Enter an end date falling after the begin date.
5060	ENTER DATA TO BE ADDED	Enter the data to be added and choose Enter.
5054	ENTER KEY IN INQUIRY MODE	The button chosen cannot complete the task. Switch to the maintenance screen to complete the task.
5019	ERROR TEXT CODE IS INVALID; MUST BE NUMERIC AND GREATER THAN ZEROES	Information message.
5016	ESC CODE ALREADY EXISTS	Information message. No action needed.
5015	ESC CODE IS INVALID; MUST BE NUMERIC AND GREATER THAN ZEROES	Edit field data.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5040	IF ENTERED, DISPLAY PRIORITY MUST BE GREATER THAN ZEROES	Check the display priority. See the Field Definitions for valid data and formatting for this field.
5065	INVALID DATA	See the Field Definitions for valid data/formatting for this field.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
5034	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
5041	MUST BE SPACE, 'N' OR 'Y'	Enter valid data and begin process again.
5039	MUST BE 'Y' OR 'N'	Enter valid data and begin process again.
5059	MUST ENTER AT LEAST ONE BENEFIT/CLAIM TYPE DATA	Enter valid data and begin process again.
5056	MUST ENTER BEGIN DATE	Enter a valid Begin Date in the field. See the Field Definitions for valid values for the field.
5046	MUST ENTER EDIT TYPE	Enter a valid Edit Type in the field. See the Field Definitions for valid values.
5042	MUST INCLUDE A DESCRIPTION	Enter a valid values in the field. See the Field Definitions for valid values.

17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
5032	NO EDIT TEXT DATA PRESENT	Enter edit text data. See the Field Definitions for valid values for the field.
5021	PAGE-DOWN NOT ACTIVE	Information message. No action needed.
5020	PAGE-UP NOT ACTIVE	Information message. No action needed.
5048	PARM SET END DATE CANNOT BE GREATER THAN EDIT TEXT END DATE	Enter a Parm Set End date that falls before the Edit Text End date. See the Field Definitions for valid data and formatting for these dates.
5128	PLEASE MAKE A SELECTION	Information message.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
5062	RECORD DOES NOT EXIST	Information message. No action needed.
24	RECORD FOR UPDATE NOT FOUND	Information message. No action needed.
5061	RECORD HAS BEEN CLOSED DATA CANNOT BE MODIFIED.	Information message. No action needed.
23	RECORD INSERTED	Information message.
5018	SHORT DESCRIPTION REQUIRED	Enter a short description to complete processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Error Text from the drop-menu in the System Support box.
4. Choose the Add or Update radio button in the Function box.
5. Enter an edit code in the Value field.
6. Choose Enter.
7. You see the Error Text screen (RF-S-002-02).
Note: If you do not enter an edit code, you will see the Error Text Directory screen (RF-S-002-03). You also get to this screen from the Error Text Directory screen.

Screens RF-S-002-03 Error Dispositions/Locations

General Information

Screen RF-S-002-03 displays Error Dispositions/Locations data by Edit Code. The screen breaks out the values by Claim Disposition and Pend Location within Media Type. The values are presented in a scrollable list. This screen is invoked by the Edit Text screen (RF-S-002-02).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT203
MAPSET	RFS2003
TRAN ID	VS47 (Inquiry), VS48 (Update), VS49 (Add)

SAMPLE	Error Dispositions/Locations (RF-S-002-03)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
0	SEL (DE0000)	Edits: User Keys 'X' into this field to specify which Disposition/Location is to be linked-to when navigating to view/up-date the RF_ADJ_RSN_RSP_XRF	The field to select the Disposition/Location desired. INQUIRY (O/U) Enter a 'X' into this field to specify which Disposition/Location is to be viewed. The field to select the Disposition/Location desired. ADD (O/U)

		Table, the RF_CLM_ RESPONSE_R Table, or the RF_ HIPAA_ADJ_RSN_R Table. Any other value is ignored. If the user depresses the appropriate PFKey for the aforementioned Tables without an 'X' in SEL, the program will ignore any other value in SEL when performing the nav- igation. Messages: N/A	Enter a 'X' into this field to specify which Disposition/Location is to be added. UPDATE (O/U) Enter a 'X' into this field to specify which Disposition/Location is to be updated.
1	ESC CODE Error ESC Code (DE5609)	Edits: This data is retrieved from the Edit Text Table (RF_EDIT_ TEXT). Messages: N/A	Supporting code to Error Text Error Code that provides an additional error message and associated error indicators, Error Dis- positions and Locations data, and possible Edit Criteria. Supporting code to Error Text Error Code (DE5501) that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria. System Displayed.
2	PROGRAM CODE Benefit Definition Plan Program Code (DE3551)	Edits: Data is retrieved from Edit Parm Set Table (RF_EDIT_PARM_ SET). Messages: N/A	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. System Displayed.
3	FORM CODE Claim Form Code (DE5876)	Edits: Data is retrieved from Edit Parm Set Table (RF_EDIT_PARM_ SET). Messages: N/A	Claim Form Code. Claim Form Code. System Displayed.

4	CLAIM TYPE Claim Type (DE2002)	Edits: Data is retrieved from Edit Parm Set Table (RF_EDIT_PARM_SET). Messages: N/A	A code indicating the type of invoice billed. A code indicating the type of invoice billed. System Displayed.
5	(EFFECTIVE DATES) BEGIN Error Text Disposition Location Effective Date (DE5602)	Edits: Data is retrieved from earliest Begin Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table. Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but the date must fall before the Error Text Disposition Location Effective Date End Date. Cannot be set for a one-day span between Error Text Disposition Location Effective Date Begin and End dates. Messages: N/A	Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. Data is retrieved from earliest Begin Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table. Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but the date must fall before the Error Text Disposition Location Effective Date End Date. Cannot be set for a one-day span between Error Text Disposition Location Effective Date Begin and End dates.
6	(EFFECTIVE DATES) END Disposition Location End Date (DE5682)	Edits: Data is retrieved from latest End Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table. Must be valid date format (MMDDCCYY). In	Disposition Location End Date. Disposition Location End Date. Data is retrieved from latest End Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table. Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but must fall after the Disposition Location Begin Date. Cannot be set for a one-day span between Disposition Location Begin

		update, add, or delete mode, any date can be entered, but must fall after the Disposition Location Begin Date. Cannot be set for a one-day span between Disposition Location Begin and End dates. Messages: N/A	and End dates.
7	MEDIUM Error Text Claim Type Media Code (DE5521)	Edits: Using the Valid Values list for this data element in the DED, validate the Medium. The Unassigned codes are NOT valid. Messages: 'INVALID DATA'	Identifies the medium of the input claim. Identifies the medium of the input claim. Description is System Generated. Use the On-line HELP system to find valid codes for this field. ADD (R/P) Enter the valid code that identifies the medium of the input claim. UPDATE (R/P) Enter the change to the code that identifies the medium of the input claim.
8	CLM MOD Claim Type Modifier (DE2003)	Edits: Edit data entered against Valid Values for this data element documented in the DED. Messages: 'INVALID DATA'	A code which indicates the type of claim transaction and the processing to be done. A code which indicates the type of claim transaction and the processing to be done. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the code which indicates the type of claim transaction and the processing to be done. UPDATE (O/U) Enter the change to the code which indicates the type of claim transaction and the processing to be done.
9	DISP (WITH ATTACHMENTS) Error Text Disposition Attachments (DE5603)	Edits: Validate according to the Valid Values documented in the GL_CODE_VALUE Table. WHEN	Indicates that the Disposition requires attachments for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code. Indicates that the Disposition requires attachments for this Media Type for this

		Medium = 9, THEN Disposition must be numeric, ELSE it is an error. Messages: 'INVALID DATA'	Invoice Type. The domain will be the actual one position Disposition Code. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter the code which indicates that the Disposition requires attachments for this Media Type for this Invoice Type. UPDATE (R/U) Enter the change to the code which indicates that the Disposition requires attachments for this Media Type for this Invoice Type.
10	LOC (WITH ATTACHMENTS) Error Text Location Attachments (DE5605)	Edits: When data is entered, validate against the Valid Values for the data element as documented in the GL_ CODE_VALUE Table. Default is spaces. Messages: 'INVALID DATA'	Indicates that attachments are required for this Location for this Media Type for this Invoice Type. The domain will be the actual two position Location Code. Indicates that attachments are required for this Location for this Media Type for this Invoice Type. The domain will be the actual two position Location Code. Use he On-line HELP system to find the valid codes for this field. ADD (O/U) Enter the code which indicates that the attachments are required for this Location for this Media Type for this Invoice Type. UPDATE (O/U) Enter the change to the code which indicates that the attachments are required for this Location for this Media Type for this Invoice Type.
11	DAT TYP Error Text Service/Payment Date Code (DE5519)	Edits: 'R' for Date of Receipt or 'S' for Date of Service. Messages: 'INVALID DATA'	This code denotes whether the Edit Effective Date is checked against the Claim Date of Service or Date of Receipt. This code denotes whether the Edit Effective Date is checked against the Claim Date of Service or Date of Receipt. 'R' for Date of Receipt or 'S' for Date of Service. ADD (O/U) Enter the code that denotes whether the Edit Effective Date is checked against the Claim Date of Service or Date of Receipt.

			UPDATE (O/U)
			Enter the change to the code that denotes whether the Edit Effective Date is checked against the Claim Date of Service or Date of Receipt.
12	REC DAYS Error Text Recycled Days (DE5679)	Edits: Numeric. Default is zeroes. Messages: 'MUST BE NUMERIC'	The length of time, in days, that the current claim will 'recycle' in a pended status before it is denied. The length of time, in days, that the current claim will 'recycle' in a pended status before it is denied. ADD (O/U) Enter the length of time, in days, that the current claim will 'recycle' in a pended status before it is denied. UPDATE (O/U) Enter the change to the length of time, in days, that the current claim will 'recycle' in a pended status before it is denied.
13	(EFFECTIVE DATES) BEGIN Error Text Disposition Location Effective Date (DE5602)	Edits: Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but the date must fall before the rror Text Disposition Location Effective Date End Date. Cannot be set for a one-day span between rror Text Disposition Location Effective Date Begin and End dates. If date matches the Error Text Disposition Location Effective Date End date, the record will be deleted from the screen. Messages: 'INVALID DATE'	Date when the disposition and location of a Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. Date when the disposition and location of a Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but the date must fall before the error Text Disposition Location Effective Date End Date. Cannot be set for a one-day span between error Text Disposition Location Effective Date Begin and End dates. If date matches the Error Text Disposition Location Effective Date End date, the record will be deleted from the screen. ADD (R/U) Enter the date when the disposition and location of a Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. UPDATE (R/P) System Displayed.

| 14 | (EFFECTIVE DATES) END Disposition Location End Date (DE5682) | Edits: Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but must fall after the Begin Date. Cannot be set for a one-day span between Begin and End dates. If date matches the Begin date, the record will be deleted from the screen. Must pass valid date edits (CONVERT DATE) for an ADD or UPDATE. Date entered can be for a prior period or for a future period. If Disposition Location End Date contains a future date, it may be changed to a date not less than the current date - so long as it also conforms to the preceding restrictions. Other data in the row may NOT be updated when End Date contains a valid date. Messages: 'INVALID DATE' | Disposition Location End Date. Disposition Location End Date. Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but must fall after the Begin Date. Cannot be set for a one-day span between Begin and End dates. If date matches the Begin date, the record will be deleted from the screen. Must pass valid date edits (CONVERT DATE) for an ADD or UPDATE. Date entered can be for a prior period or for a future period. If Disposition Location End Date contains a future date, it may be changed to a date not less than the current date - so long as it also conforms to the preceding restrictions. Other data in the row may NOT be updated when End Date contains a valid date. ADD (O/U) Enter the Disposition Location End Date. UPDATE (O/U) Enter the change to the Disposition Location End Date. |
| 15 | DISP (WITHOUT ATTACHMENTS) Error Text Disposition No Attachments (DE5604) | Edits: Validate according to the Valid Values documented in the GL_ CODE_VALUE Table. WHEN Medium = 9, THEN Disposition must be | Indicates that attachments are NOT required for this Disposition for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code. Indicates that attachments are NOT required for this Disposition for this Media Type for this Invoice Type. The domain will |

		numeric, ELSE it is an error. Messages: 'INVALID DATA'	be the actual one position Disposition Code. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the code which indicates that attachments are NOT required for this Disposition for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code. UPDATE (O/U) Enter the change to the code which indicates that attachments are NOT required for this Disposition for this Media Type for this Invoice Type. The domain will be the actual one position Disposition Code.
16	LOC (WITHOUT ATTACHMENTS) Error Text Location No Attachments (DE5606)	Edits: When data is entered, validate against the Valid Values for the data element as documented in the GL_CODE_VALUE Table. Default is spaces. Messages: 'INVALID DATA'	Indicates that attachments are NOT required for this Location for this Media Type for this Invoice Type. The domain will be the actual two position Location Code. Indicates that attachments are NOT required for this Location for this Media Type for this Invoice Type. The domain will be the actual two position Location Code. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter the code which indicates that attachments are NOT required for this Location for this Media Type for this Invoice Type. UPDATE (R/U) Enter the change to the code which indicates that attachments are NOT required for this Location for this Media Type for this Invoice Type.
17	RSN GRP HIPAA Adjustment Reason Group Code (DE5535)	Edits: Must be valid value residing in column, C_ADJ_RSN_GROUP, on RF_HIPAA_ADJ_RSN_R Table. It also must be a valid value based on the Adjustment Reason Code entered and be one of	HIPAA Adjustment Reason Group Code. HIPAA Adjustment Reason Group Code. ADD (O/U) Enter the HIPAA Adjustment Reason Group Code. UPDATE (O/U) Enter the change to the HIPAA Adjustment Reason Group Code.

		the valid Group Codes (CAGCs) on the RF_ CARC-RARC_XREF Table for the Adjustment Reason Code.	
		Effective Dates for this field must encompass the Effective Dates for 'this' Disposition/Location row. The C_ADJ_RSN_ GROUP Effective Begin Date (DE5584) may not be > the Disposition/Location Effective Date (DE5602). The C_ ADJ_RSN_GROUP End Date (DE5585) may not be less than the Disposition/Location End Date (DE5682).	
		Messages:	
		'MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELDS'	
		'NO RSN GRP, ADJ/CAT, OR CLAIM RESPONSE TO DISPLAY'	
18	ADJ/CAT HIPAA Adjustment Reason Code (DE5580)	Edits: Must be valid value residing in column, C_ ADJ_RSN, on RF_ HIPAA_ADJ_RSN_R Table. Must be a valid value on the RF_ CARC_RARC_ XREF Table. Effective Dates for this field must encom-	HIPAA Adjustment Reason Code. HIPAA Adjustment Reason Code. ADD (O/U) Enter the HIPAA Adjustment Reason Code. UPDATE (O/U) Enter the change to the HIPAA Adjustment Reason Code.

		pass the Effective Dates for 'this' Disposition/Location row. The C_ADJ_RSN Effective Begin Date (DE5584) may not be > the Disposition/Location Effective Date (DE5602). The C_ADJ_RSN End Date (DE5585) may not be less than the Disposition/Location End Date (DE5682). Messages: 'MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)' 'NO RSN GRP, ADJ/CAT, OR CLAIM RESPONSE TO DISPLAY'	
19	CLAIM/RESPONSE Claim Response Code (DE5540)	Edits: Must be valid value residing in column, C_CLM_RESP, on RF_CLM_RESPONSE_R Table. It also must be a valid value based on the Adjustment Reason Code entered and be one of the valid RARCs on the RF_CARC-RARC_XREF Table for the Adjustment Reason Code. Effective Dates for this field must encompass the Effective Dates for 'this' Disposition/Location row. The C_CLM_RESP Effective Begin Date	Claims Response Code. Claims Response Code. ADD (O/U) Enter the Claims Response Code. UPDATE (O/U) Enter the change to the Claims Response Code.

		(DE5544) may not be > the Dis-position/Location Effective Date (DE5602). The C_ CLM_RESP End Date (DE5545) may not be less than the Disposition/Location End Date (DE5682). Messages: 'MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)' 'NO RSN GRP, ADJ/CAT, OR CLAIM RESPONSE TO DISPLAY'	

NAVIGATION	Error Dispositions/Locations (RF-S-002-03)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADJ RESP ATTACH	This function is not currently enabled. When it is, PF5 will take the user to the screen (currently undefined) that will enable the user to view/update Adjustment Reason Response Codes.	N/A
ADJ RESP NO ATTACH	This function is not currently enabled. When it is, PF9 will take the user to the screen (currently undefined) that will enable the user to view/update Adjustment Reason Response Codes.	N/A
ADJ RSN	This function is not currently enabled. When it is, PF3 will take the user to the screen (currently undefined) that will enable the user to view/update HIPAA Adjustment Reasons.	N/A
SCROLL UP	Brings previous sequential set of Dispositions, Loca-tions by Medium for the ESC Code, Program or Form Code, and Claim Type specified at the top of the screen.	N/A
CLAIM RESP	This function is not currently enabled. When it is, PF4 will take the user to the screen (currently undefined) that will enable the user to view/update Claim Response Codes.	N/A

ENTER	Click on the ENTER button to prompt the system to edit any data changed by the user.	N/A
SUB MENU	Returns to Reference Subsystem Menu. No information or data is returned.	N/A
SCROLL DOWN	Brings next sequential set of Dispositions, Locations by Medium for the ESC Code, Program or Form Code, and Claim Type specified at the top of the screen.	N/A
MAIN MENU	Returns to Main System Menu	N/A
RFRSH	Data displayed is refreshed to its condition prior to any 'Changed' but non-updated fields.	N/A
RETURN	Returns to invoking screen.	N/A
UPDT	New Dispositions/Locations records may be Added after data edits are passed.	RS-S-076 ()

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5276	BEGIN DATE ONLY CHANGE NOT ALLOWED	Begin Date change is only allowed if other data fields are changed.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/formatting for this field.
77	MUST BE NUMERIC	Data must be only numeric. See the Field Definitions

		for valid data/formatting this field.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.
5464	CARC/CAGC/RARC COMBINATION INVALID	Invalid combination entered based on CAQH Code Combinations Stored within the RF_CARC_ RARC_XREF table.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Choose Error Text from the drop-menu in the System Support box.
4. Choose the Add or Update radio button in the Function field.
5. Enter an edit code in the Value field.
6. Choose the Enter button.
7. You see the Edit Text screen (RF-S-002-02).
8. Enter a 'X' in the Command field of the data you want to see.
9. Choose the Disposition/Location button.
10. You see the Error Dispositions/Locations screen (RF-S-002-03).
New Screen Functionality: The begin date/end date parameters have changed for these date fields:
Error Dispositions/Locations
As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Sub-system.

Screens RF-S-002-04 Edit Criteria Directory

General Information

Used as a directory to the Edit Criteria Detail Table (RF_EDIT_CRITERIA), this screen displays Edit Criteria Set data for one or more Edit Codes in a scrollable Directory format. This screen is invoked by the Reference Subsystem Menu program, (RFT001) and Edit Criteria Data (RFT205).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT204
MAPSET	RF204
TRAN ID	VS51 (Inquiry)

SAMPLE	Edit Criteria Directory (RF-S-002-04)

Field Definitions

#	GSD Field Name / Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CMD (DE0000)	Edits: Valid Values are 'X'	Value of 'X' is entered to make inquiry selection. Value is entered for desired selection

		Messages: 'VALID VALUES ARE X	type. UPDATE (O/U) Enter an 'X' for transaction you wish to update.
2	ESC CODE Claim Error ESC Code (DE5506)	Edits: This is Record Key data. Data can only be entered when user is in ADD mode and only when keyed in blank line previously requested. An Edit Text row with a key equal to the value in this screen field must exist on the RF_EDIT_TEST table. It it does not, then SEND error message below. It is INVALID to attempt to ADD a record with this Key if the Edit Text record (RF_EDIT_TEXT) with the same key has an End Date (DE5523) equal to or less than current date. This field can contain from 1 to 4 alpha-numeric characters. No special characters or high-order spaces. Data must begin in first position. Messages: 'ESC CODE IS REQUIRED WHEN CMD FIELD IS COMPLETED' 'ESC CODE DOES NOT EXIST ON EDIT TEXT TABLE' 'YOU CANNOT ADD THIS RECORD BECAUSE EDIT ESC HAS BEEN CLOSED'	Claim Error ESC Code. Claim Error ESC Code. System Displayed.
3	PROG Benefit Definition	Edits: When this screen field contains data:	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting

	Plan Program Code (DE3551)	1) Ensure that the Edit Type field (DE5680) from the RF_EDIT_TEXT table does NOT contain a 'V', ELSE it is an error; SEND error message below. 2) Validate this field using Recipient Benefit Package Table (RS_BENEFIT_PACKAGE): SELECT FROM RS_BENEFIT_PACKAGE WHERE screen value = I_BNFT_PGM. If Not Found, display error message. Messages: 'VALIDATE TYPE EDITS DO NOT HAVE A PROGRAM CODE' 'INVALID PROGRAM CODE - REFER TO USER MANUAL'	designation defined by DMAS and, in most cases, is indicative of the source of funding. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. System Displayed.
4	FORM Claim Form Code (DE5876)	Edits: When this screen field contains data: 1) Ensure that the Edit Type field (DE5680) from the RF_EDIT_TEXT table DOES contain a 'V', ELSE it is an error; SEND error message below. 2) Validate Form Code using Benefit Plan Program CNUM (145) and the value in FORM to determine the Key for searching the Global Code Table (GL_CODE_VALUE). If there is a NOT FOUND condition, then SEND error message below. Messages:	Claim Form Code. Claim Form Code. System Displayed.

		'ESC CODE MUST BE A FORM VALIDATE EDIT' 'INVALID CLAIM FORM CODE - REFER TO USER MANUAL'	
5	CLM TYPE Claim Type (DE2002)	Edits: Validate this field using Claim Type CNUM (194) and the value in CLM TYPE (CVAL) to determine the Key for searching the Global Code Table (GL_CODE_VALUE). If there is a NOT FOUND condition, then SEND error message below. Messages: 'INVALID CLAIM TYPE - SEE USER MANUAL'	A code defining the claim form document filed by a provider. A code defining the claim form document filed by a provider. System Displayed.
6	CRIT TYPE Edit Criteria Set Type (DE5683)	Edits: Validate this field using Criteria Set Type CNUM (188) and the value in CRIT TYPE (CVAL) to determine the Key for searching the Global Code Table (GL_CODE_VALUE). If there is a NOT FOUND condition, then SEND error message below. Messages: 'INVALID CRITERIA TYPE - REFER TO USER MANUAL'	Describes whether the Edit Criteria is to be performed or not or whether it is a PA edit. Describes whether the Edit Criteria is to be performed or not or whether it is a PA edit. System Displayed.
7	EDIT TEXT SHORT NAME Error Text Short Description (DE5513)	Edits: This field will not be populated on the screen in the ADD mode. It is a field that will be retrieved from the Edit Text table (RF_EDIT_TEXT) by program RFT205.	Error description that appears on the Daily Pend List. Error description that appears on the Daily Pend List. System Displayed.
8	(EFFECTIVE	Edits:	Claim Edit Code Parm Begin Date.

	DATES) BEGIN Error Text Disposition Location Effective Date (DE5602)	Data is retrieved from earliest Begin Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table.. Messages: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Error Text Disposition Location Effective End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Claim Edit Code Parm Begin Date. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Error Text Disposition Location Effective End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.
9	(EFFECTIVE DATES) END Disposition Location End Date (DE5682)	Edits: Data is retrieved from the latest End Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Disposition Location Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If Disposition Location End Date is a future date,	Claim Edit Code Parm End Date. Error Text Disposition End Date. Data is retrieved from the latest End Date for 'this' ESC from the associated Disposition/Location rows on RF_ ERROR_DISP_LOC Table. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. ADD or UPDATE: - Date may not fall before the Disposition Location Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If Disposition Location End Date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.

		it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	

NAVIGATION	**Edit Criteria Directory (RF-S-002-04)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Previous set of sequential scrollable data is presented.	N/A
CLEAR	Return to Main System Menu	N/A
CRIT DETAIL	'X' in CMD field of desired screen line, program navigates to program that displays Edit Criteria Detail screen for 'this' ESC Code, Program, and Claim Type.	RF-S-004 (B)
SUB MENU	Return to Reference Subsystem Menu.	RS-S-018 (R)
SCROLL DOWN	Next set of sequential scrollable data is presented.	TP-S-004 ()
RETURN	Return to Invoking program, Reference Sub-system menu (RFT001) and Edit Criteria Detail (RFT205).	FN-S-012 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
37	ACTION ENTERED IS INVALID	Retry the transaction, if necessary. See the On-line HELP system for valid actions for the field.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
5050	CLAIM TYPE IS INVALID	Enter a valid Claim Type. See the Field Definitions for valid data and formatting for this field.
5064	CUT BACK IS INVALID	Information message.
5066	ERROR IN INSERTING DATA TO RF_ERROR_DISP_LOC	Information message.
5016	ESC CODE ALREADY EXISTS	Information message. No action needed.
2221	ESC NUMBER ENTERED DOES	Enter a valid ESC number. See the Online Edit/ Audit

	NOT EXIST IN THE CURRENT ERRORS	Manual. See the Field Definitions for valid formatting/data for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5065	INVALID DATA	See the Field Definitions for valid data/formatting for this field.
4031	PROGRAM CODE IS INVALID	Enter a valid program code. See the Field Definitions for explanation and valid codes.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Choose Edit Criteria from the drop-menu in the System Support box.
4. Choose the Inquiry radio button in the Function field.
5. Choose the Enter button.
6. You see the Edit Criteria Directory screen (RF-S-002-04).

Screens RF-S-002-05 Edit Criteria Detail

General Information

The Edit Criteria Detail screen presents Service Limits and other Edit Criteria associated with an edit. This screen is invoked by the Edit Criteria Directory screen (RF-S-002-04) and the Edit Criteria Directory for Procedures screen (RF-S-002-06).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT205
MAPSET	RF205VA
TRAN ID	VS52 (Inquiry), VS53 (Update), VS54 (Add)

SAMPLE	Edit Criteria Detail (RF-S-002-05)

VA DMAS Prototype Portal - Windows Internet Explorer

http://localhost:9080/HATS_Portlet/HATS_Portlet/default/ver=2.0/rparam=PERF0x1TIMESTAMP=0/rparam=portletAction=portletActionPost/rparam=SESSION

Live Search

Favorites | Suggested Sites | Get More Add-ons

VA DMAS Prototype Portal

Home | Page | Safety | Tools |

Test Environment | Home | Contact Us | Help | Search |

Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: RF-S-002-05
Trans ID: VS53
Program ID: RFT205VA

VIRGINIA MEDICAID
EDIT CRITERIA DETAIL UPDATE

Date: 03/14/2010
Time: 18:50

ESC Code	Program / Form Code	Claim Type	Edit Type	Edit Text Description	Begin Date	End Date
0201	01	03	D	DUPLICATE PAYMENT REQUEST - DI	01011990	12319999

Scroll Up | Scroll Down

More Select	Criterion	S/D/A Options	INC/ EXC	A/B/X Code	Criteria Type	Time Span	Time Type	Time Units	UVS Type	Unit Quantity	Amount Quantity	Begin Date	End Date	VS Select
○	ABCL	A	I	B				0000		00000	0000000.00	01011992	12319999	
	Value Set Type/name: CTYP CLAIM TYPE 03											01011992	12319999	○
○	PTYP	A	I	X				0000		00000	0000000.00	01011992	12319999	
	Value Set Type/name: PTYP PROV. TYPE / 0301											01011992	12319999	○
○	PVID	D						0000		00000	0000000.00	01011992	12319999	
	Value Set Type/name:													
○	TIMT						E	0000		00000	0000000.00	01011992	12319999	
	Value Set Type/name:													
	Value Set Type/name:													

Scroll Up | Scroll Down

Enter | Update | Clear Form | Refresh | More | Edit Text | Value Set Directory | Value Set Detail | Return | Sub Menu | Main Menu

482 (7,2) | Local intranet | 100%

start | Of... | Hel... | Ho... | Bui... | DS... | Se... | Lot... | VA... | Ho... | to... | Do... | 6:51 PM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ESC CD Error ESC Code (DE5609)	Edits: For a new record, this field must be numeric. This ESC Code value must exist for a row on the Edit Text table (RF_ EDIT_TEXT). If the associated Edit Text Table row is 'closed' (End Date	Supporting code to Error Text Error Code (DE5501) that provides an additional error message and associated error indicators, Error Dispositions and Locations data, and possible Edit Criteria. Supporting code to Error Text Error Code (DE5501) that provides an additional error message and associated

		(DE5523) is = valid date)), then the Begin Date for the Criterion must be less than the Edit Text End Date. Messages: 'INVALID VALUE' 'CRITERIA BEGIN DATE CANNOT BE OUTSIDE EDIT TEXT EFFECTIVE DATES'	error indicators, Error Dispositions and Locations data, and possible Edit Criteria. System Displayed.
2	PROG Benefit Definition Plan Program Code (DE3551)	Edits: This field is Display only and is populated from RF_EDIT_PARM_SET Table. Messages: N/A	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding. System Displayed.
3	FORM Claim Form Code (DE5876)	Edits: This field is Display only and is populated from RF_EDIT_PARM_SET. Messages: N/A	Claim Form Code. Claim Form Code. System Displayed.
4	CLM TYPE Claim Type (DE2002)	Edits: This field is Display only and is populated from RF_EDIT_PARM_SET. Messages: N/A	A code defining the claim form document filed by a provider. A code defining the claim form document filed by a provider. System Displayed.
5	ED TYPE Edit Error Edit Type (DE5680)	Edits: This field is populated from the Edit Type field on the Edit Text Table (RF_EDIT_TEXT)	Edit Error Edit Type. Edit Error Edit Type. System Displayed.
6	EDIT TEXT DESCRIPTION Error Text Short	Edits: This field is the Short Description of the ESC	Error description that appears on the Daily Pend List. Error description that appears on the

	Description (DE5513)	Code on the Edit Text Table (RF_EDIT_TEXT). It is Display only.	Daily Pend List. System Displayed.
7	PROG/CLM/CRIT BEGIN Error Text Disposition Location Effective Date (DE5602)	Edits: Data is retrieved from the earliest Begin Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_LOC Table..	Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. System Displayed.
8	PROG/CLM/CRIT END Disposition Location End Date (DE5682)	Edits: Data is retrieved from the latest End Date for 'this' ESC from the associated Disposition/Location rows on RF_ERROR_DISP_ LOC Table..	Disposition Location End Date. Disposition Location End Date. System Displayed.
9	CMD (DE0000)	Edits: Valid value is 'X'. Messages: 'INVALID COMMAND'	Field used for selecting more detail lines for the criteria. Enter the value of 'X' on the line and click on the More button. Field used for selecting more detail lines for the criteria. ADD (O/U) Enter the value of 'X' on the line and click on the More button to add additional data. UPDATE (O/U) Enter the value of 'X' on the line and click on the More button if there is additional data to change and is not shown.
10	CRITERION Edit Criteria Criterion (DE5614)	Edits: This field identifies the categories (PROVID TYPE, PROVID SPEC, etc.) of edit criteria or service limits that, during adjudication, will be applied to a claim for which this Edit Criteria Set applies. The value entered must be equal to a CRITERION	Indicates criteria such as 'Provider Class Type', 'Provider Specialty', 'Procedure Modifier', 'Tooth Surface', 'Type of Service', 'Place of Service', 'Recipient Age', 'Claim Type', 'Diagnosis', 'Procedure', 'Revenue Code', 'Provider Identification', 'Time', 'Units/Dollars/Claim Lines', 'Cutback' and 'Reversal Indicator'. Indicates criteria such as 'Provider Class Type', 'Provider Specialty', 'Pro-

		resident on the System Parameter Table, RF_ SYS_PARAMETER.	cedure Modifier', 'Tooth Surface', 'Type of Service', 'Place of Service', 'Recipient Age', 'Claim Type', 'Diagnosis', 'Procedure', 'Revenue Code', 'Provider Identification', 'Time', 'Units/Dollars/Claim Lines', 'Cutback' and 'Reversal Indicator'. Use the On-line HELP system to find valid codes for the field.

For EDIT TYPE 'D' (DE5680 on RF_EDIT_TEXT) only the following Criteria are allowed (Cross edits for E/I and S/D/A are also shown):

- TIMT.

- ABCL Can not enter a value in S/D/A ,.

- PTYP with I/E entered and S/D/A default.

- PSPC with I/E entered and S/D/A default.

- ABPR with I/E entered with S/D/A optional (default is 'A').

- ABRV with I/E entered with S/D/A optional (default is 'A').

- ABMX with I/E entered with S/D/A optional (default is 'A').

- MODF with S/D/A entered and I/E = default.

- TSUR with S/D/A entered and I/E = default.

- PVID with S/D/A entered and I/E = default.

- CHRG with S/D/A entered and I/E = default. Also CHRG may NOT be used with any other Edit Type.

- TOTH with S/D/A entered and I/E = default.

For (EDIT TYPES = 'L', 'C', 'Q', and 'B') AND (Claim Type NOT = 06), the following Criteria are NOT allowed (Must use

ADD (R/U)

Enter the valid code which identifies the category of edit criteria or service limits that, during adjudication, will be applied to a claim for which this Edit Criteria Set applies.

UPDATE (R/U)

Enter the change to the code which identifies the category of edit criteria or service limits that, during adjudication, will be applied to a claim for which this Edit Criteria Set applies.

		'AB' versions): - PROC. - REV . - MIX . - CTYP. For EDIT TYPE 'B', 'UVSL' CRITERION is NOT allowed. ABPR, ABRV, & ABMX are mutually exclusive. If one of these is present, then you can't have either of the other two for the same Edit Parm Set row. For 'RAGE' Criterion, S/D/A must be = 'A' or default to 'A'. Messages: INVALID DATA	
11	SDA Same/Different/Any Options (DE5615)	Edits: For EDIT TYPE 'D' and CRITERION = ABCL - Can not enter a value in S/D/A Data may be entered for this field for all Criteria except: TIMT & UVSL. For a Criterion, the valid values are Space, 'S' (Same), 'D' (Different), and 'A' (Any). If no other edit applies, the default is 'A'. Messages: 'INVALID VALUE' 'THIS FIELD MUST CONTAIN A VALID VALUE OTHER THAN SPACE'	Comparison of current and history claims for this criterion must be the same, different, or can be the same or different. Comparison of current and history claims for this criterion must be the same, different, or can be the same or different. Use the On-line HELP system to find valid codes for this field. ADD (O/U) Enter the valid code for the comparison of current and history claims for this criterion. If no entry is made, the default is 'A'. UPDATE (O/U) Enter the change code for the comparison of current and history claims for this criterion.
12	I/E Edit Criteria Exclus-	Edits: This field is NOT to be	Indicates if Edit Criteria Criterion is 'Inclusive' or 'Exclusive'.

	ive/Inclusive (E/I) Code (DE5624)	populated for Criteria TIMT or UVSL (default to SPACE). FOR EDIT TYPE "D": - This field is optional. - Valid values are: " ", "I", or "E". FOR ALL OTHER EDIT TYPES: - When Criterion = "ABPR", "ABRV", or "ABMX", then I/E is required. Value entered must be 'I'. IF I/E IS ENTERED: - Then A/B/X must also be entered. - Then there must be a Link to a Value Set row on the RF_EC_VALUE_ SET Table.	Indicates if Edit Criteria Criterion is 'Inclusive' or 'Exclusive'. ADD (O/U) Enter the Inclusive or Exclusive code. This field is NOT to be populated for Criteria TIMT or UVSL (default to SPACE). FOR EDIT TYPE 'D': - This field is optional. - Valid values are: ' ', 'I', or 'E'. FOR ALL OTHER EDIT TYPES: - When Criterion = 'ABPR', 'ABRV', or 'ABMX', then I/E is required. Value entered must be 'I'. IF I/E IS ENTERED: - Then A/B/X must also be entered. - Then there must be a Link to a Value Set row on the RF_EC_VALUE_SET Table.
13	ABX Edit Criteria A/B/X Code (DE5625)	Edits: NOT allowed for Criteria TIMT or UVSL. The valid values are 'A' ('Current Claims' Procedure Ranges), 'B' ('History Claims' Procedure Ranges), or 'X' (both 'A' and 'B' Procedure Ranges). All other Criteria should contain a Space. A/B/X MUST be entered if I/E contains 'I' or 'E'. However, if nothing has been entered into "I/E", then it is an error to enter a value into "A/B/X". Messages: INVALID VALUE' THIS FIELD MUST CONTAIN A VALID VALUE OTHER THAN	Indicates if Edit Criteria Criterion applies only to current ranges, history ranges or both current and history ranges. Indicates if Edit Criteria Criterion applies only to current ranges, history ranges or both current and history ranges. The valid values are 'A' ('A' Procedure Ranges), 'B' ('B' Procedure Ranges), or 'X' (both 'A' and 'B' Procedure Ranges). All other Criteria should contain a Space. ADD (O/U) Enter the valid A/B/X code. Not allowed for Criterion, TIMT or UVSL. This code must be entered if the Inclusive Exclusive (INC/EXC) field contains 'I' or 'E'. UPDATE (O/U) Enter the change to the A/B/X code.

		SPACE	
14	CRT TYPE Edit Criteria Set Type (DE5683)	Edits: This is a 2 character alpha numeric field. The value of this field must be equal to 'DO', 'BY', 'PA', or Spaces. Any other value is an error. For CLAIM TYPE 6 (DRUG): the value CANNOT be Spaces. For non-drug edits, this field should be left blank except for "MODF" Criterion. For "MODF", the Criteria Type should be Space, or "DO", or "BY". Messages: 'INVALID VALUE'	Describes whether the Edit Criteria is to be performed or not or whether it is a PA edit. Describes whether the Edit Criteria is to be performed or not or whether it is a PA edit. Use the On-line Help system to find valid codes for this field. The value of this field must be equal to 'DO', 'BY', 'PA', or Spaces. Any other value is an error. For CLAIM TYPE 6 (DRUG): the value CANNOT be Spaces. For non-drug edits, this field should be left blank except for 'MODF' Criterion. For 'MODF', the Criteria Type should be Space, or 'DO', or 'BY'. ADD (R/U) Enter the valid Edit Criteria type code. UPDATE (R/U) Enter the change to the Edit Criteria type.
15	TIME SPAN Edit Criteria Time Span Type (DE5696)	Edits: Data entered into this field must match a value on the GL_CODE_VALUE Table. The CNUM (from the GL_CODE_TYPE Table) is 285. Only Criterion 'TIMT' should have a value entered, else it is an error. Required for Time Types 'Y', 'N', and 'D'. NOT applicable for other Time Types. For EDIT TYPE 'B', this field must NOT be entered. Messages: 'NOT VALID FOR THIS CRITERION OR EDIT TYPE'	Data determines whether the Time Units are to be counted backward from history Date of Service; Time Units to be counted backward AND forward from history Date of Service; or Forward from history Date of Service. Data determines whether the Time Units are to be counted backward from history Date of Service; Time Units to be counted backward AND forward from history Date of Service; or Forward from history Date of Service. Use the On-line HELP system to find valid codes for this field. Only Criterion 'TIMT' should have a value entered, else it is an error. Required for Time Types 'Y', 'N', and 'D'. Not applicable for other Time Types. For EDIT TYPE 'B', this field must NOT be entered. ADD (O/U) Enter the valid code for the Time Span.

			UPDATE (O/U)
			Enter the change for the Time Span code.
16	TIME TYPE Edit Criteria Time Type (DE5698)	Edits: TIME TYPE is required for TIMT Criterion. Otherwise it is an error to complete this field on the screen. Data entered into this field must match a value on the GL_CODE_VALUE Table. The CNUM (from the GL_CODE_TYPE Table) is 286. Only Criterion 'TIMT' should have a value entered, else it is an error. For EDIT TYPE of 'D', only Time Types 'E', 'X', 'O', or 'S' are allowed. These values are NOT allowed for other Edit Types. Please see the Valid Values portion of the Data Element for the correct values that can be entered. Messages: 'INVALID VALUE' 'NOT VALID FOR THIS CRITERION'	Data that determines whether the 'time' referred to is: Day, Month, Calendar Month, Year, Calendar Year, Fiscal Year, or Lifetime. Data that determines whether the 'time' referred to is: Day, Month, Calendar Month, Year, Calendar Year, Fiscal Year, or Lifetime. Use the Online HELP system to find valid odes for this field. TIME TYPE is required for TIMT Criterion. Otherwise it is an error to complete this field on the screen. Only Criterion 'TIMT' should have a value entered, else it is an error. For EDIT TYPE of 'D', only Time Types 'E', 'X', 'O', or 'S' are allowed. These values are NOT allowed for other Edit Types. For EDIT TYPE 'B', only Time Type 'D' is allowed. ADD (O/U) Enter the valid Time Type. UPDATE (O/U) Enter the change to the Time Type.
17	TIME UNITS Edit Criteria Time Units (DE5697)	Edits: Only Criterion TIMT is allowed. This field is required when TIME TYPE is completed and is = 'Y', 'N', or 'D', otherwise it is an error to complete this field on the screen. Messages: 'INVALID VALUE'	Edit Criteria Time Units. Edit Criteria Time Units. Only Criterion TIMT is allowed. This field is required when TIME TYPE is completed and is = 'Y', 'N', or 'D', otherwise it is an error to complete this field on the screen. ADD (O/U) Enter the Edit Criteria Time Units. UPDATE (O/U) Enter the change to the Edit Criteria Time Units.

		'INVALID VALUE FOR THIS CRITERION'	
18	UVS TYP Edit Criteria Limit Unit Type (DE5874)	Edits: CNUM = 287. Only Criterion 'UVSL' should have a value entered, else it is an error. For 'UVSL' a value is required. Required for EDIT TYPES 'L', 'C', & 'Q'; NOT applicable for Edit Type 'B', else an error. The following edits also apply: - 'D' : Only allowed for Edit Types (DE5680) 'L' & 'C' on the RF_EDIT_TEXT Table. - 'B' : Only allowed for Edit Types (DE5680) 'C' on the RF_EDIT_TEXT Table. - 'U' : Only allowed for Edit Types (DE5680) 'L' & 'C' & 'Q' on the RF_EDIT_ TEXT Table. - 'C' : Only allowed for Edit Types (DE5680) 'L' & 'C' & 'Q' on the RF_EDIT_ TEXT Table. - 'H' : Only allowed for Edit Types (DE5680) 'L' & 'C' & 'Q' on the RF_EDIT_ TEXT Table. Messages: 'INVALID VALUE' 'INVALID VALUE FOR THIS CRITERION'	Data determines whether the Criteria 'Limit' refers to Dollars (Current & History), Claim Lines, Dollars, Hours, or Units. Data determines whether the Criteria 'Limit' refers to Dollars (Current & History), Claim Lines, Dollars, Hours, or Units. Use the On-line HELP system to find valid codes for this field. Only Criterion 'UVSL' should have a value entered, else it is an error. For 'UVSL' a value is required. Required for EDIT TYPES 'L', 'C', & 'Q'; NOT applicable for Edit Type 'B', else an error. ADD (O/U) Enter the code for which the Criteria Limit refers. UPDATE (O/U) Enter the change to the code for which the Criteria Limit refers.
19	UNIT QTY Edit Criteria Limit Unit Quantity (DE5873)	Edits: Only Criterion UVSL is allowed to have data entered into Unit Qualtity.	Edit Criteria Limit Unit Quantity. Edit Criteria Limit Unit Quantity. Only Criterion UVSL is allowed to have data entered into Unit Quantity. Required if

		Required if UVS TYP = 'U', 'C', or 'H'; otherwise it is an error. Messages: 'INVALID VALUE' 'NOT VALID FOR THIS CRITERION'	UVS TYP = 'U', 'C', or 'H'; otherwise it is an error. ADD (O/U) Enter the Unit Quantity of the Edit Criteria. UPDATE (O/U) Enter the change the Unit Quantity of the Edit Criteria.
20	AMOUNT QUANTITY Edit Criteria Limit Amount Quantity (DE5875)	Edits: This field may be entered only with Criterion UVSL. This is a dollars ($) and cents value. Required when UVS TYP = 'D' or 'B'; otherwise it is an error. Messages: 'INVALID VALUE' 'NOT VALID FOR THIS CRITERION'	Edit Criteria Limit Amount Quantity. Edit Criteria Limit Amount Quantity. This field may be entered only with Criterion UVSL. This is a dollars ($) and cents value. Required when UVS TYP = 'D' or 'B'; otherwise it is an error. ADD (O/U) Enter the Amount Quantity of the Edit Criteria Limit. UPDATE (O/U) Enter the change to the Amount Quantity of the Edit Criteria Limit.
21	EFFECTIVE DATES BEGIN Edit Criteria Begin Date (DE5616)	Edits: This field must pass a basic date test using the CONVERT DATE routine. It can be moved forward or backward, but may not cause overlapping of any other related segment span. It cannot be greater than the End Date (DE5878) of the associated Edit Parm Set Table (RF_EDIT_PARM_SET) It may NOT be greater than the Edit Criteria End Date (DE5617). Attributes and the Begin Date may be changed together. If the Begin Date is moved forward, is not equal to the end date, and an attribute is	Beginning date of the Edit Criteria Name. Beginning date of the Edit Criteria Name. Format is MMDDCCYY. - It cannot be greater than the End Date of the associated Edit Parm Set Table. - It may NOT be greater than the Edit Criteria End Date. - The Begin Date, End Date, and attributes may be changed together. If the Begin Date is moved forward not equal to the End Date with an attribute change, the line splits with the new and existing values carried forward. The End Date is calculated automatically as one day minus the new Begin Date. - If the Begin Date and End Date are made equal, but not open-ended, the span remains on the screen, but is not processed by VAMMIS. - If the Begin Date and End Date are

		changed, the line splits carrying forward the new and preexisting data element values. The old row is automatically closed (End Date = New Begin Date -1). If the Begin Date is equal to End Date and is not open-ended, VAMMIS ignores processing of this span. It can be reopened by changing the date values. If the Begin Date is equal to the End Date and both are open-ended, then the line item is deleted from VAMMIS. Messages: 'INVALID DATE'	made equal and open-ended, the span is deleted from VAMMIS and not processed.
22	EFFECTIVE DATES END Edit Criteria End Date (DE5617)	Edits: If entered, this field must pass a basic date test using the CONVERT DATE routine. It cannot be less than the Begin Date for 'this' Criterion. It cannot be less than the Begin Date (DE5877) of the associated Edit Parm Set Table (RF_EDIT_ PARM_SET). It cannot be greater than the End Date (DE5878) of the associated Edit Parm Set Table. - The End Date can be a prior, current or future date. - Cannot be < Begin Date. - The End Date can be changed without regard to attribute changes	Ending date of the Edit Criteria Name. - The Ending Date of the Edit Criteria Name is in format MMDDCCYY. - The Ending Date may not be less than the Begin Date for 'this' Criterion. - The Ending Date may be changed without regard to any other line item field value. ADD (O/U) Enter the ending date of the Edit Criteria Name. UPDATE (O/U) Enter the change to the ending date of the Edit Criteria Name.

		Messages: 'INVALID DATE'	
23	VALUE SET TYPE Value Set Data Element Type (DE5395)	Edits: This field is populated from the associated Value Set Range row on the RF_VALUE_SET_ RANGE table. WHEN 'L'inking (ADDing) this Value Set with this Edit Criterion, it must be equal to the Edit Criteria CRITERION (DE5614), except for: - a) IF CRITERION = 'ABPR' then Value Set Range DE Type must = 'PROC'. b) IF CRITERION = 'ABRV' then VS Range DE Type must = 'REV '. c) IF CRITERION = 'ABCL' then VS Range DE Type must = 'CTYP'. d) IF CRITERION = 'MIX ' or 'ABMX' then VS Range DE Type must = 'PROC' or 'REV '. Messages: 'VALUE SET DE TYPE IS INVALID WITH THIS CRITERION'	Indicates the type of data such as CPT Procedure Codes, ICD Procedure Codes, DSM Procedure Codes, Drug Codes (NDC), Revenue Codes, ICD Diagnosis Codes, Provider Types, Provider Specialties, Procedure Modifiers, Tooth Surfaces, Types of Service, Places of Service, Program Codes, Dates. Indicates the type of data such as CPT Procedure Codes, ICD Procedure Codes, DSM Procedure Codes, Drug Codes (NDC), Revenue Codes, ICD Diagnosis Codes, Provider Types, Provider Specialties, Procedure Modifiers, Tooth Surfaces, Types of Service, Places of Service, Program Codes and Dates. System Displayed.
24	VALUE SET NAME Value Set Name (DE5392)	Edits: This field is populated from the Value Set Table (RF_VALUE_SET). Messages: N/A	This is the Value Set description. This is the Value Set description. System Displayed.
25	(EFFECTIVE DATES) BEGIN Edit Criteria Value Set Begin Date (DE5694)	Edits: This date is contained in the Edit Criteria Value Set Table (RF_EC_VALUE_ SET). It is determined and	Edit Criteria Value Set Begin Date. Edit Criteria Value Set Begin Date. System Displayed.

		populated in the Edit Criteria Value Set row (when linking the Edit Criteria Criterion with a Value Set). It is not updatable. - This Date may NOT be changed. - Date may NOT be < Edit Criteria Begin Date. - Date may NOT be => Edit Criteria End Date. Messages: 'INVALID DATE'	
26	(EFFECTIVE DATES) END Edit Criteria Value Set End Date (DE5695)	Edits: This date column is contained in the Edit Criteria Value Set Table (RF_EC_VALUE_SET). It is determined and populated in the Edit Criteria Value Set row (when linking the Edit Criteria Criterion with a Value Set). It is updatable on this screen. If the End Date is changed to be equal to the Effective Begin Date, the link of the Value Set to the Edit Criterion is effectively broken. The Value Set will no longer be displayed on screen, RF-S-002-05. It is only the link that is broken. The Value Set itself still exists and can be viewed on screen RF-S-017-02. Messages: 'INVALID DATE'	Edit Criteria Value Set End Date. Edit Criteria Value Set End Date. System Displayed. It is updatable on this screen. If the End Date is changed to be equal to the Effective Begin Date, the link of the Value Set to the Edit Criterion is effectively broken. The Value Set will no longer be displayed on screen, RF-S-002-05. It is only the link that is broken. The Value Set itself still exists and can be viewed on screen RF-S-017-02.
27	SEL (DE0000)	Edits: This is a SELECTION field that allows the user	The value 'X' is entered if more detail is desired on the Value Set. Enter the value 'X' if more detail is desired on the Value Set data.

to 'SELECT' a Value Set for viewing. The only valid value (other than SPACE or UNDERSCORE) is 'X'. Along with the 'X', to denote which Value Set, the user would depress either the VALSET DIR button or the VALSET DET button. Messages: 'INVALID BUTTON WITH VALUE SET SELECTION' 'INVALID DATA'	

NAVIGATION	**Edit Criteria Detail (RF-S-002-05)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Next Previous Edit Criteria records are displayed.	N/A
CLEAR	The CLEAR Key will navigate to the Main System Menu.	N/A
CLEARFORM	This Key will clear the detail Edit Criteria data from the screen to allow the user to ADD Criteria for the current ESC Code, Program, and Claim Type.	N/A
EDIT TEXT	Navigate to the Edit Text program (RFT202) for display of the data for the current ESC Code.	N/A
ENTER	This key is used to validate (edit) data entered on screen in ADD or UPDATE Mode. No updates take place.	N/A
SCROLL UP	This key allows the user to scroll to the next previous Program and Claim Type for the same or previous ESC Code.	N/A
SCROLL DOWN	This key allows the user to scroll to the next Program and Claim Type for the same or next ESC Code.	N/A
SUB MENU	Return to Reference Subsystem Menu.	N/A
SCROLL DOWN	Next sequential Edit Criteria records are displayed.	N/A
MAIN MENU	Return to Main System Menu.	N/A
MORE	For a CRITERION, if there are more than two Value Sets, then this Key is used to scroll to the NEXT Value Set(s).	N/A

REFRESH	Depressing this Key causes the program to clear the data from the screen and re-display Edit Criteria data for the same ESC Code, Program, and Claim Type.	N/A
RETURN	Return to invoking program.	N/A
UPDT	This key is used to validate (edit) data entered on screen in ADD or UPDATE Mode. If all data is correct, then the database is updated.	N/A
VAL SET DET	'X' in CMD field to display the ranges for the Value Set identified for 'this' CRITERION.	N/A
VAL SET DIR	User is requesting navigation to the Value Set Directory program (RFT701). A space in CMD field is valid WHEN a simple branch to Value Set Directory is required. 'X' in CMD field in order for Value Set Directory to list only those Value Sets that match the Value Set Data Element Type (DE5395) requested.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
37	ACTION ENTERED IS INVALID	Retry the transaction, if necessary. See the On-line HELP system for valid actions for the field.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
2030	AT LEAST ONE CRITERIA MUST BE SELECTED	Select one criteria.
5333	CANNOT HAVE ABMX ABPR FOR SAME PROGRAM AND CLAIM TYPE	Enter another ABMX ABPR. See the Field Definitions for specifications of ABMX ABPR.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5331	MISSING/INVALID DATA CORRECT HIGHLIGHTED FIELD(S).	Information message.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
5330	MUST CONTAIN A VALID VALUE OTHER THAN SPACE	Enter a valid value in the field. See the Field Definitions for valid values for the field.
5332	MUST USE AB VERSION OF CRITERION	Enter a correct version of the criterion in the field. See the Field Definitions for valid values for the field.

8027	NO RECORDS AVAILABLE FOR SCROLLING	Information message.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED	Information message. No action needed.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
2167	SELECT ONLY ONE LINE AT A TIME	Choose only one line for processing.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
96	USER NOT AUTHORIZED FOR THIS TRANSACTION	Information message. No action needed.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Main Menu (RF-S-004).

3. Choose Edit Criteria from the drop-menu in the System Support box.

4. Choose the Add or Update radio button in the Function field.

5. Choose the Enter button.

6. You see the Edit Criteria Directory screen (RF-S-002-04).

7. Choose the Criteria Detail button.

8. You see the Edit Criteria Detail screen (RF-S-002-05).

Note: You can also get to this screen by choosing the Criteria Detail button on the on the Edit Text screen (RF-S-002-02).

Screens RF-S-002-06 Edit Criteria Directory by Procedure

General Information

The Edit Criteria Directory for Procedures screen presents a scrollable list of all Edit Criteria sets by Edit Code that are associated with a Procedure. This screen is invoked by the Procedures screens (RF-S-001-01 [Medical] and RF-S-001-08 [Dental], and RF-S-001-09 [Home Health, Hospice, and Revenue Codes]).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT206
MAPSET	RF206
TRAN ID	VS56 (Inquiry)

SAMPLE	Edit Criteria Directory by Procedure (RF-S-002-06)

http://localhost:9080/HATS_Portlet/HATS_Portlet/default/ver=2.0/rparam=PERF0x1TIMESTAMP=0/rparam=portletAction=portletActionPost/rparam=SESSION ... Live Search

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VA DMAS Prototype Portal | MetaFrame Presentation Ser...

Page ▼ | Safety ▼ | Tools ▼

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Virginia
Medicaid

MMIS

Help | Print | Logoff

		VIRGINIA MEDICAID		
Screen ID: RF-S-002-06		EDIT CRITERIA DIRECTORY - INQUIRY		Date: 02/22/2010
Trans ID: VS56				Time: 17:06
Program ID: RFT206VA				

Procedure Code: 00100　　　　Description: ANESTHESIA FOR PROCEDURES ON S　　　　INCLUDE

Select	ESC Code	Program Code	Form Code	Claim Type	Criteria Type	Edit Text Short Name	Criterion	Value Set
○	0740	01	HCFA	05		Same Procedure, Same Day, Diff	ABPR	PROC 0740/0740
○	0740	02	HCFA	05		Same Procedure, Same Day, Diff	ABPR	PROC 0740/0740
○	0740	03	HCFA	05		Same Procedure, Same Day, Diff	ABPR	PROC 0740/0740
○	0740	07	HCFA	05		Same Procedure, Same Day, Diff	ABPR	PROC 0740/0740
○	0761	01	HCFA	05		CLAIMCHECK SELECTION - SAME DA	ABPR	CLAIM CHECK SAME
○	0761	01	HCFA	08		CLAIMCHECK SELECTION - SAME DA	ABPR	CLAIM CHECK SAME
○	0761	07	HCFA	05		CLAIMCHECK SELECTION - SAME DA	ABPR	CLAIM CHECK SAME
○	0761	07	HCFA	08		CLAIMCHECK SELECTION - SAME DA	ABPR	CLAIM CHECK SAME
○	0762	01	HCFA	05		CLAIMCHECK SELECTION - PRE-OP	ABPR	CLAIM CHECK SURGE
○	0762	07	HCFA	05		CLAIMCHECK SELECTION - PRE-OP	ABPR	CLAIM CHECK SURGE
○	0763	01	HCFA	05		CLAIMCHECK SELECTION PRE-OP	ABPR	CLAIM CHECK VISIT
○	0763	07	HCFA	05		CLAIMCHECK SELECTION PRE-OP	ABPR	CLAIM CHECK VISIT
○	0764	01	HCFA	05		CLAIMCHECK SELECTION - POST-OP	ABPR	CLAIM CHECK VISIT
○	0764	07	HCFA	05		CLAIMCHECK SELECTION - POST-OP	ABPR	CLAIM CHECK VISIT
○	0765	01	HCFA	05		CLAIMCHECK SELECTION - POST-OP	ABPR	CLAIM CHECK SURGE

Scroll Up | Scroll Down

Criteria Detail | Value Set | Return | Sub Menu | Main Menu

Done　　　　Local intranet　　　　100%

start | Inbo... | Host... | Meta... | Text... | VA D... | Hod... | Clien... | DSD ... | Micr... | Desk... | 5:06 PM

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROC: Procedure Code (DE5002)	Edits: Received in COMMAREA from RFT110. Messages: N/A	Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure.
2	DESC: Procedure Short	Edits: Received in	Description of the procedure code in lay terminology.

	Name (DE5015)	COMMAREA from RFT110. Messages: N/A	
3	N/A (DE0000)	Edits: This field will indicate whether the Criteria/Value Set data shown is for Value Sets that INCLUDE or EXCLUDE the Procedure Code. Messages: N/A	'EXCLUDE'
4	CMD (DE0000)	Edits: Valid value is 'X'. Messages: 'ACTION ENTERED IS INVALID'	Value of 'I' is entered to make inquiry selection on desired criteria data.
5	ESC CODE Claim Error ESC Code (DE5506)	Edits: Retrieved from RF_EDIT_TEXT Table. Messages: N/A	Claim Error ESC Code. N/A
6	PROG/FORM Benefit Definition Plan Program Code (DE3551)	Edits: If Edit Type (DE5680 in RF_EDIT_TEXT) = 'V', then move Claim Form Code (DE5876 in RF_EDIT_PARM_SET) to FORM, ELSE move Benefit Plan Program (DE3551 in RF_EDIT_PARM_SET) to PROG. Messages: N/A	The first tier or level of the code structure defining the Benefit Plan. The Program is the highest level reporting designation defined by DMAS and, in most cases, is indicative of the source of funding.
7	CLM TYPE Claim Type (DE2002)	Edits: Move Claim Type (from RF_EDIT_PARM_SET) to CLM	A code defining the claim form document filed by a provider.

		TYPE. Messages: N/A	
8	CRIT TYPE Edit Criteria Set Type (DE5683)	Edits: If an RF_EDIT_ PARM_SET row for an ESC Code (DE5506) has at least one Edit Criteria row (RF_EDIT CRITERIA Table), then move Edit Criteria Set Type to CRIT TYPE, ELSE move spaces. The preceding depends on whether or not the Procedure Code (from COMMAREA) is INCLUDED in or EXCLUDED from a Value Set for a Criterion = 'PROC' or 'REV '. Messages: N/A	Describes whether the Edit Criteria is to be performed or not or whether it is a PA edit.
9	EDIT TEXT SHORT NAME Error Text Short Description (DE5513)	Edits: Move column from RF_EDIT_TEXT Table. Messages: N/A	Error description that appears on the Daily Pend List.
10	CRITERION Edit Criteria Criterion (DE5614)	Edits: If RF_EDIT_PARM_ SET for an ESC Code has one or more rows on RF_ EDIT_CRITERIA, then move Edit Criterion (DE5614) to CRITERION, ELSE move spaces. The	Indicates criteria such as 'Provider Class Type', 'Provider Specialty', 'Procedure Modifier', 'Tooth Surface', 'Type of Service', 'Place of Service', 'Recipient Age', 'Claim Type', 'Diagnosis', 'Procedure', 'Revenue Code', 'Provider Identification', 'Time', 'Units/Dollars/Claim Lines', 'Cutback' and 'Reversal Indicator'.

		preceding depends on whether or not the Procedure Code (from COMMAREA) is INCLUDED in or EXCLUDED from a Value Set for a Criterion = 'PROC' or 'REV '. Messages: N/A	
11	VALUE SET Value Set Name (DE5392)	Edits: If an Edit Criteria Criterion ('PROC' or 'REV ') INCLUDES the Procedure Code (from COMMAREA) in a Value Set or EXCLUDES the Procedure Code from a Value Set, then move the Value Set Description (truncated) (DE5392) to VALUE SET. Messages: N/A	This is the Value Set description.

NAVIGATION	**Edit Criteria Directory by Procedure (RF-S-002-06)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous sequential set of Edit Criteria.	N/A
CRIT DET	'X' in 'CMD' field navigates to the program (RFT205) that presents the Edit Criteria Detail screen. The requested Edit Criteria Criterion is displayed.	N/A
SUB MENU	Return to Reference Subsystem Menu.	N/A
SCROLL DOWN	Display next sequential set of Edit Criteria.	N/A
MAIN MENU	Returns to Main System Menu	N/A
RETURN	Return to previous screen.	N/A
VALUE SET	Navigate to the program (RFT702) specified by 'X' in CMD field of detail screen line to identify which Value	N/A

	Set is to be viewed.	

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
37	ACTION ENTERED IS INVALID	Retry the transaction, if necessary. See the On-line HELP system for valid actions for the field.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Medical from the drop-menu in the Procedure section.
4. Choose the Inquiry radio button in the Function field.
5. Enter a procedure code in the Value field.
6. Choose Enter.
7. You see the Medical Procedure screen (RF-S-001-01).
8. Chose the Included Edits or Excluded Edits button.
9. You see the Edit Criteria Directory by Procedure screen (RF-S-002-06).
Note: You can also get to this screen by choosing the Included Edits or Excluded Edits button on these screens:
Dental Procedures (RF-S-001-08)
Home Health/Hospice/ Revenue Code Procedure (RF-S-001-09)
ICD-10-CM Procedures (RS-S-001-10)

Screens RF-S-002-07 Adjustment Reason Response X-Ref

General Information

This screen presents a list of data from the Adjustment Reason Response X-Ref DB2 Table, RF_ADJ_RSN_RSP_EXP. The user may view (INQUIRY) or UPDATE existing rows, or ADD new rows.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT207
MAPSET	RF207VA
TRAN ID	VSG1 (INQUIRY); VSG2 (ADD); VSG3 (UPDATE)

SAMPLE	Adjustment Reason Response X-Ref (RF-S-002-07)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REASON RESPONSE X-REF Adjustment Reason/Response Cross Reference (DE5560)	Edits: Must be numeric and not equal to an existing value. Messages: 'VALUE MUST BE NUMERIC' 'RECORD ALREADY EXISTS'	Adjustment Reason/Response Cross Reference. Adjustment Reason/Response Cross Reference. Must be numeric and not equal to an existing value. ADD (R/U) Enter the adjustment reason/response cross reference number.

| | | | UPDATE (R/U) |
			System Displayed.
2	PAYMENT ADJSTMT Adjustment Reason/Response Payment Code (DE5561)	Edits: Must be equal to a value on the GL_CODE_ VALUE Table. The CNUM = 332 Messages: 'INVALID PAYMENT ADJUSTMENT'	Adjustment Reason/Response Payment Code. Adjustment Reason/Response Payment Code. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter the adjustment reason/response payment code. UPDATE (R/U) Enter the changes to the adjustment reason/response payment code.
3	ADJSTMT REASON HIPAA Adjustment Reason Code (DE5580)	Edits: For ADD and UPDATE: Must be equal to a value on the B.RF_HIPAA_ ADJ_RSN_R Table WHERE (A.C_ADJ_RSN (from screen) = B.C_ ADJ_RSN) AND (A.ADJ_ RSN_GROUP (from screen) = B.C_ADJ_ RSN_GROUP). Messages: 'INVALID VALUE'	HIPAA Adjustment Reason Code. HIPAA Adjustment Reason Code. Use the On-line HELP system to find valid codes for this field. ADD (R/U) Enter the HIPAA adjustment reason code. UPDATE (R/U) Enter the changes to the HIPAA adjustment reason code.
4	ADJ RSN GRP HIPAA Adjustment Reason Group Code (DE5535)	Edits: For ADD and UPDATE: Must be equal to a value on the B.RF_HIPAA_ ADJ_RSN_R A Table WHERE (A.C_ADJ_RSN (from screen) = B.C_ ADJ_RSN) AND (A.ADJ_ RSN_GROUP (from screen) = B.C_ADJ_ RSN_GROUP). Messages: 'INVALID VALUE' 'INVALID GROUP FOR ADJUSTMENT REASON'	HIPAA Adjustment Reason Group Code. HIPAA Adjustment Reason Group Code. ADD (R/U) Enter the HIPAA adjustment reason group code. UPDATE (R/U) Enter the change to the HIPAA adjustment reason group code.

5	CLAIM RESPONSE Claim Response Code (DE5540)	Edits: For ADD or UPDATE: Must be equal to a value on the B.RF_CLM_ RESPONSE_R Table WHERE (A.C_CLM_ RESP (from screen) = B.C_CLM_RESP) AND (A.C_CLM_RESP_TYPE (from screen) = B.C_ CLM_RESP_TYPE). and be a valid value for the HIPAA Adjustment Reason Code based on the RF_CARC_RARC_ XREF table. Messages: 'INVALID VALUE'	Claims Response Code. Claims Response Code. ADD (R/U) Enter the claims response code. UPDATE (R/U) Enter the change to the claims response code.
6	CLAIM RESP TYPE Claim Response Type (DE5541)	Edits: For ADD or UPDATE: Must be equal to a value on the B.RF_CLM_ RESPONSE_R Table WHERE (A.C_CLM_ RESP (from screen) = B.C_CLM_RESP) AND (A.C_CLM_RESP_TYPE (from screen) = B.C_ CLM_RESP_TYPE). Messages: 'INVALID VALUE'	Claim Response Type. Claim Response Type. Use the On- line HELP system to find valid codes for this field. ADD (R/U) Enter the claim response type. UPDATE (R/U) Enter the change to the claim response type.
7	EFFECTIVE DATES BEGIN Adjustment Reason/Response Begin Date (DE5562)	Edits: It must pass basic date edits. It may not be greater than End Date (DE5563). - For an ADD: - Begin Date may be a prior, current, or future date. - A Begin Date may NOT be established that is < B.D_CLM_RESP_BEGIN (DEXXXX) on the B.RF_	Adjustment Reason/Response Begin Date. Adjustment Reason/Response Begin Date. Must be in date format (mmd- dccyy) and may not be greater than End Date. ADD (R/U) Enter the adjustment reas- on/response date. Begin Date may be a prior, current, or future date. UPDATE (R/U)

| | | CLM_RESPONSE_R Table WHERE (A.C_CLM_RESP = B.C_CLM_RESP) AND (A.C_CLM_RESP_TYPE = B.C_CLM_RESP_TYPE) .

- A Begin Date may NOT be established that is < B.D_ADJ_RSN_BEGIN (DEXXXX) on the B.RF_HIPAA_ADJ_RSN_R Table WHERE (A.C_ADJ_RSN = B_C_ADJ_RSN) AND (A.C_ADJ_RSN_GRP = B.C_ADJ_RSN_GRP).

- For an UPDATE:

o Begin Date may NOT be changed to a date < Current Date.

o A Begin Date may NOT be Changed to a value that is < B.D_CLM_RESP_BEGIN (DEXXXX) on the B.RF_CLM_RESPONSE_R Table WHERE (A.C_CLM_RESP = B.C_CLM_RESP) AND (A.C_CLM_RESP_TYPE = B.C_CLM_RESP_TYPE).

o A Begin Date may NOT be changed to a value that is < B.D_ADJ_RSN_BEGIN (DEXXXX) on the B.RF_HIPAA_ADJ_RSN_R Table WHERE (A.C_ADJ_RSN = B.C_ADJ_RSN) AND (A.C_ADJ_RSN_GROUP = B.C_ADJ_RSN_GROUP).

o A Begin Date may NOT be changed to a date > the Begin Date for any row on | Enter the changes to the adjustment reason/response date. Begin Date may NOT be changed to a date less than current date. |
|---|---|---|---|

| 8 | EFFECTIVE DATES END

Adjustment Reason/Response End Date (DE5563) | Edits:

It must pass basic date edits. It may not be < Begin Date (DE5562).

- For an ADD:

o End Date may be a prior, current, or future date.

o An End Date may NOT be established that is > B.D_CLM_RESP_END (DEXXXX) on the B.RF_ CLM_RESPONSE_R Table WHERE (A.C_ CLM_RESP = B.C_CLM_ RESP) AND (A.C_CLM_ RESP_TYPE = B.C_ CLM_RESP_TYPE).

o An End Date may NOT be established that is > B.D_ADJ_RSN_END (DEXXXX) on the B.RF_ HIPAA_ADJ_RSN_R Table WHERE (A.C_ ADJ_RSN = B_C_ADJ_ RSN) AND (A.C_ADJ_ RSN_GRP = B.C_ADJ_ RSN_GRP).

- For an UPDATE:

o End Date may NOT be changed to a date < Current Date.

o An End Date may NOT be Changed to a value that is > B.D_CLM_RESP_ END (DEXXXX) on the B.RF_CLM_ | Adjustment Reason/Response End Date.

Adjustment Reason/Response End Date. Must be in date format (mmd-dccyy) and not be less than the Begin Date.

ADD (R/U)

Enter the adjustment reason/response end date. End Date may be a prior, current, or future date.

UPDATE (R/U)

Enter the changes to the adjustment reason/response end date. End Date may NOT be changed to a date less than the current date. |

the RF_ERROR_DISP_ LOC Table WHERE A.I_ ADJ_RSN_RESP_XRF = B.I_NO_ATT_ADJ_ RESP OR B.I_ATTACH_ ADJ_RESP.

Messages:

'INVALID DATE'

		RESPONSE_R Table WHERE (A.C_CLM_ RESP = B.C_CLM_ RESP) AND (A.C_CLM_ RESP_TYPE = B.C_ CLM_RESP_TYPE). o An End Date may NOT be changed to a value that is > B.D_ADJ_RSN_END (DEXXXX) on the B.RF_ HIPAA_ADJ_RSN_R Table WHERE (A.C_ ADJ_RSN = B_C_ADJ_ RSN) AND (A.C_ADJ_ RSN_GRP = B.C_ADJ_ RSN_GRP). o An End Date may NOT be changed to a date < the End Date for any row on the B.RF_ERROR_ DISP_LOC Table WHERE A.I_ADJ_RSN_ RESP_XRF = B.I_NO_ ATT_ADJ_RESP OR B.I_ ATTACH_ADJ_RESP. Messages: 'INVALID DATE'	
9	SELECT ADJ REASON RESPONSE X_REF Adjustment Reason/Response Cross Reference (DE5560)	Edits: Must be numeric. Messages: 'INVALID DATA' 'HIGHEST VALUE IS DISPLAYED'	Adjustment Reason/Response Cross Reference. Must be numeric. INQUIRY (O/U) Enter the cross reference number you wish to inquire. Adjustment Reason/Response Cross Reference. ADD (O/U) No entry allowed. UPDATE (O/U) Enter the cross reference number you wish to update.

Function (B) or (M)	Action	or Return To (R)
ADJ REAS/CLM RESP	XCTL to RFT208VA or RFT209VA depending on cursor position (Adjustment Reason Maintenance OR Claim Response Maintenance).	N/A
SCROLL UP	The next previous sequential set of Table row data is presented.	N/A
ENTER	This key is used to perform on-line editing. If any errors are detected as a result of editing, a message will appear on the screen.	N/A
SUB MENU	Return to the Reference Sub-system Menu.	N/A
SCROLL DOWN	The next sequential set of Table row data is presented.	N/A
MAIN MENU	Escape from VaMMIS	N/A
REFRESH	Data is re-populated on the screen.	N/A
RETURN	Return to invoking screen.	RF-S-012-03 RF-S-012-04 RF-S-012-05 RF-S-012-06 RF-S-012-09 (R)
UPDATE	Validates and updates data changed on the screen if no errors are found in Add/Update mode. Not valid for Inquiry mode.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5393	CLM RESPONSE VALUE IS NOT ACTIVE WITHIN THE XREF EFFECTIVE DATES	Check the response value and retry the transaction.
5394	CLM RSN/RSN GROUP VALUE IS NOT ACTIVE WITHIN THE XREF EFFECTIVE DATES	Check the claim reason or group value and the XREF effective dates and try the transaction again, if applicable.
5031	DATA DISPLAYED	Information message. No action needed.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO	Choose the Refresh button to display current data.

	RE-DISPLAY.	
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
3203	FIELD NOT ALLOWED	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
81	FUNCTION KEY IS NOT ACTIVE IN THIS MODE	Change mode to complete the transaction. Use the On-line HELP system for instructions, if necessary.
5392	INVALID GROUP FOR ADJUSTMENT REASON	Choose another group for the adjustment reason.
5391	INVALID PAYMENT ADJUSTMENT	Choose another payment adjustment amount.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
77	MUST BE NUMERIC	Data must be only numeric. See the Field Definitions for valid data/formatting this field.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
5062	RECORD DOES NOT EXIST	Information message. No action needed.
125	RECORD NOT FOUND	Information message.
25	RECORD UPDATED	Information message. No action needed.
4812	SCREEN CLEARED	Information message.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.
5464	CARC/CAGC/RARC COMBINATION INVALID	Invalid combination entered based on CAQH Code Combinations Stored within the RF_CARC_ RARC_XREF table.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Main Menu (RF-S-004).

3. Select Adjustment Reason X-Ref from the drop-menu in the System Support section.

4. Choose the Add or Update radio button in the Function field.

5. Choose Enter.
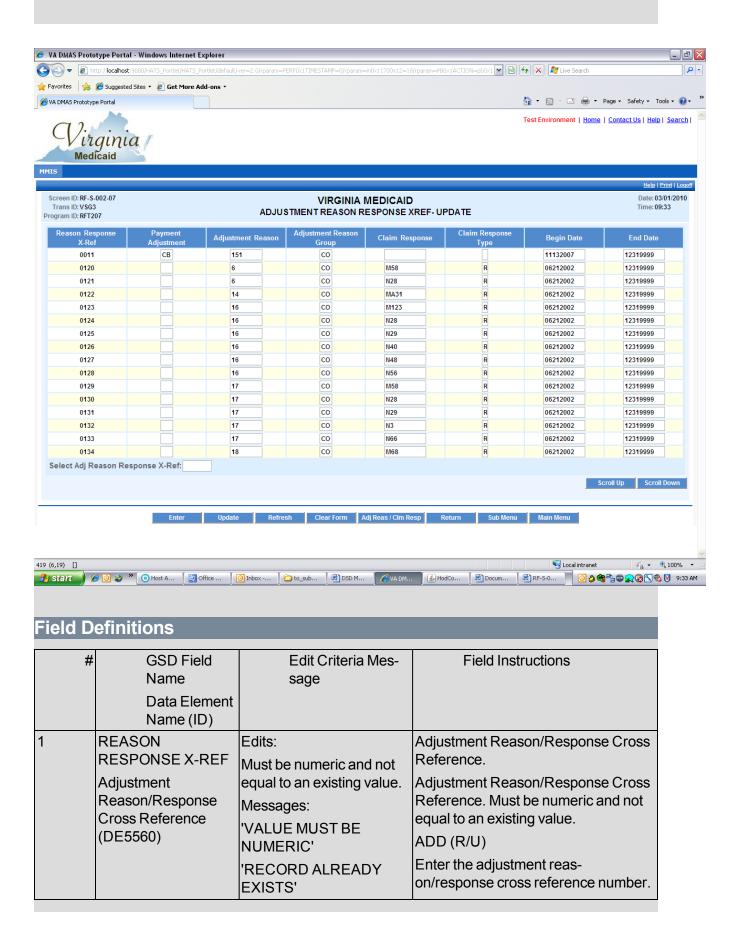
6. You see the Adjustment Reason Resp Xref screen (RF-S-002-07).

Screens RF-S-002-08 Adjustment Reason Update

General Information

This screen presents a list of data from the HIPAA Adjustment Reason DB2 Table, RF_HIPAA_ ADJ_RSN_R. The user may view (INQUIRY), or UPDATE existing rows, or ADD new rows.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT208
MAPSET	RF208VA
TRAN ID	VSG5 (INQUIRY), VSG6 (UPDATE), VSG7 (ADD)

SAMPLE	Adjustment Reason Update (RF-S-002-08)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECT ADJUSTMENT REASON (DE0000)	Edits: May be alpha-numeric. Must be a valid value on the RF_CARC_RARC_ XREF Table. Messages: INVALID VALUE	Adjustment selection. Whatever is keyed into this field will be used in the search argu-ment for the 'Next' Claim Adjustment Reason Code. INQUIRY (O/U) Enter the adjustment selection search value. Adjustment selection. Whatever is keyed into this field will be used in the search argu-ment for the 'Next' Claim Adjustment Reason Code. ADD (O/U) Enter the adjustment selection add value. UPDATE (O/U) Enter the adjustment selection update value. .
2	ADJRSN HIPAA Adjustment Reason Code (DE5580)	Edits: For an existing Table row, this field is not updateable as it is part of the Key. It will be protected in the UPDATE Processing Mode. In the ADD Processing Mode, a value is entered into an unprotected field. It may be any com-bination of alpha, numeric, or alpha-numeric characters. No special char-acters. It is an alpha-numeric field (It is left-justified; may be from	HIPAA Adjustment Reason Code. HIPAA Adjustment Reason Code. ADD (R/P) Enter the adjustment reason code. It is an alphanumeric left-justified field; may be from 1 to 5 characters; and must not have any imbedded spaces. UPDATE (R/P) System Displayed.

		1 to 5 characters; and must not have any imbedded spaces; trailing space(s) is/are OK). There must not be an existing row with the same value. There must not be an existing row with the same value. Must be a valid value on the RF_CARC_ RARC_XREF Table. Messages: INVALID VALUE VALUE ALREADY EXISTS	
3	GRP HIPAA Adjustment Reason Group Code (DE5535)	Edits: This field is part of the row Key. It is NOT updateable in the UPDATE Processing Mode. In the ADD Processing Mode, o It must be equal to an existing value (C_ ADJ_RSN_GROUP) on the DB2 Table, RF_HIPAA_ADJ_ GRP_R. It also must be a valid value based on the Adjustment Reason Code entered and its corresponding group code on the RF_ CARC-RARC_ XREF Table. Messages: ADJUSTMENT REASON GROUP DOES NOT EXIST	HIPAA Adjustment Reason Group Code. HIPAA Adjustment Reason Group Code. ADD (R/P) Enter the adjustment reason group code. It must be equal to an existing value on the DB2 Table. UPDATE (R/P) System Displayed.
4	ADJUSTMENT REASON BEGIN	Edits:	HIPAA Adjustment Reason Begin Date.

| | HIPAA Adjustment Reason Begin Date (DE5584) | It must pass basic date edits. It may not be greater than End Date (DE5585).

 - ADD Processing Mode:

 o May be a prior, current, or future date.

 o A Begin Date may NOT be established that is < B.D_ADJ_ RSN_GRP_BEG (DE5538) on the B.RF_HIPAA_ADJ_ GRP_R Table WHERE A.C_ADJ_ RSN_GROUP = B.C_ADJ_RSN_ GROUP.

 - For an UPDATE:

 o When Begin Date <= Current Date, then Begin Date alone cannot be changed.

 o When Begin Date > Current Date, then Begin Date alone CAN be changed.

 o When Begin Date alone is being changed, it may NOT be changed to a date > End Date.

 o If other data is being changed, then program is to prompt for new Begin Date (>=Current Date).

 o Begin Date may NOT be changed to a date < Current Date.

 o A Begin Date may NOT be Changed to | HIPAA Adjustment Reason Begin Date. Must be valid date format (MMDDCCYY).

 ADD (R/U)

 Enter the adjustment reason begin date. Begin date must be greater than end date and may be prior, current or future date.

 UPDATE (R/U)

 Enter the change to the adjustment reason begin date.

 - When begin date less than or equal to current date, then begin date alone cannot be changed.

 - When begin date is greater than current date, then begin date alone CAN be changed.

 - When begin date alone is being changed, it may NOT be changed to a date greater than end date.

 - Begin date may NOT be changed to a date less than current date. |

		a value that is < B.D_ADJ_RSN_GRP_BEG (DE5538) on the B.RF_HIPAA_ADJ_GRP_R Table WHERE (A.C_ADJ_RSN_GROUP = B.C_ADJ_RSN_GROUP. o A Begin Date may NOT be Changed to a value that is > B.D_ADJ_RSN_GRP_END (DE5539) on the B.RF_HIPAA_ADJ_GRP_R Table WHERE (A.C_ADJ_RSN_GROUP = B.C_ADJ_RSN_GROUP. Messages: INVALID DATE BEGIN DATE EQUAL TO OR LESS THAN CURRENT DATE BEGIN DATE IS GREATER THAN END DATE BEGIN DATE IS GREATER THAN ADJ REASON GROUP END DATE	
5	ADJUSTMENT REASON END HIPAA Adjustment Reason End Date (DE5585)	Edits: It must pass basic date edits. It may not be less than Begin Date (DE5584). - ADD Processing Mode: o May be a prior, current, or future date. o An End Date may NOT be established	HIPAA Adjustment Reason End Date. HIPAA Adjustment Reason End Date. Must be valid date format (MMDDCCYY). ADD (R/U) Enter the adjustment reason end date. It may not be less than begin date and may be a prior, current or future date. UPDATE (R/U) Enter the change to the adjustment reason end date. End date may NOT be changed to a date less than current date.

		that is < B.D_ADJ_RSN_GRP_END (DEXXXX) on the B.RF_HIPAA_ADJ_GRP_R Table WHERE A.C_ADJ_RSN_GROUP = B.C_ADJ_RSN_GROUP. - For an UPDATE: o End Date may NOT be changed to a date < Current Date. o An End Date may NOT be Changed to a value that is < B.D_ADJ_RSN_GRP_BEG (DE5538) on the B.RF_HIPAA_ADJ_GRP_R Table WHERE (A.C_ADJ_RSN_GROUP = B.C_ADJ_RSN_GROUP. o An End Date may NOT be Changed to a value that is > B.D_ADJ_RSN_GRP_END (DE5539) on the B.RF_HIPAA_ADJ_GRP_R Table WHERE (A.C_ADJ_RSN_GROUP = B.C_ADJ_RSN_GROUP. Messages: INVALID DATE END DATE IS LESS THAN BEGIN DATE END DATE IS GREATER THAN ADJ REASON GROUP END DATE	
6	DESCRIPTION: SHORT	Edits:	HIPAA Adjustment Reason Short Description.

	HIPAA Adjustment Reason Short Description (DE5586)	This field cannot be all spaces or under-scores. Messages: INVALID VALUE	HIPAA Adjustment Reason Short Description. ADD (R/U) Enter the short description of the adjustment reason. UPDATE (R/U) Enter the change to the short description of the adjustment reason.
7	DESCRIPTION: LONG HIPAA Adjustment Reason Description (DE5583)	Edits: This field cannot be all spaces or under-scores. Messages: INVALID VALUE	HIPAA Adjustment Reason Long Description. HIPAA Adjustment Reason Long Description. ADD (R/U) Enter the long description of the adjustment reason. UPDATE (R/U) Enter the change to the long description of the adjustment reason.

NAVIGATION	Adjustment Reason Update (RF-S-002-08)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Displays next previous page of Adjustment Reasons	N/A
CLEAR FORM	Screen is cleared of data and is ready for a new HIPAA Adjustment Reason to be Added.	N/A
ENTER	SENDS Next Adjustment Reason or ADD/UPDATE data to the program.	N/A
SUB MENU	Exit to Reference Sub-system Menu, RF-S-004.	N/A
SCROLL DOWN	Displays next page of Adjustment Reasons	N/A
MAIN MENU	Returns to the Main System Menu.	N/A
REFRESH	Program re-displays data currently residing on data-base Table.	N/A
RETURN	Return to previous screen.	N/A
UPDATE	When in ADD or UPDATE Mode, SEND new or modified data to program.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
7072	BEGIN DATE MUST BE LESS THAN, OR EQUAL TO, THE CURRENT DATE	Enter a begin date that falls on, or before, the current date. See the Field Definitions for explanation and formatting of valid begin dates.
5276	BEGIN DATE ONLY CHANGE NOT ALLOWED	Begin Date change is only allowed if other data fields are changed.
5031	DATA DISPLAYED	Information message. No action needed.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
7073	END DATE MUST BE LESS THAN, OR EQUAL TO, THE CURRENT DATE	Enter an end date that falls on, or before, the current date. See the Field Definitions for explanation and formatting of valid end/begin dates.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
81	FUNCTION KEY IS NOT ACTIVE IN THIS MODE	Change mode to complete the transaction. Use the On-line HELP system for instructions, if necessary.

5331	MISSING/INVALID DATA CORRECT HIGHLIGHTED FIELD (S).	Information message.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
125	RECORD NOT FOUND	Information message.
25	RECORD UPDATED	Information message. No action needed.
4812	SCREEN CLEARED	Information message.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5464	CARC/CAGC/RARC COMBINATION INVALID	Invalid combination entered based on CAQH Code Combinations Stored within the RF_CARC_RARC_XREF table.

Screen Access

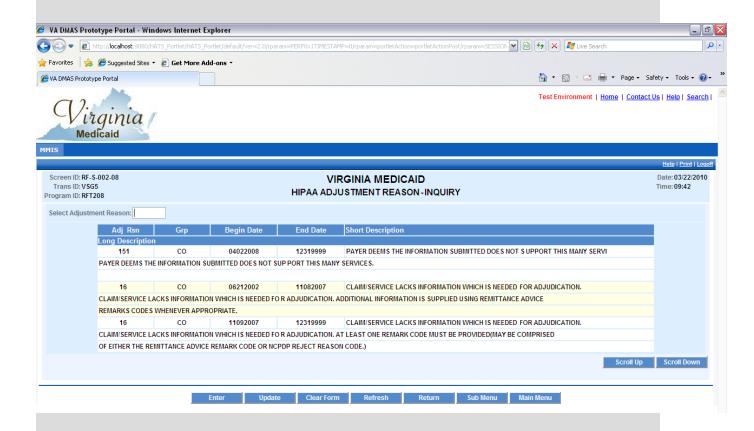| From the VaMMIS Main Menu (RF-S-010): |
|-----|
| 1. Choose the Reference button. |
| 2. You see the Reference Main Menu (RF-S-004). |
| 3. Select Adjustment Reason X-Ref from the drop-menu in the System Support section. |
| 4. Choose the Add or Update radio button in the Function field. |
| 5. Choose Enter. |
| 6. You see the Adjustment Reason Resp Xref screen (RF-S-002-07). |
| 7. Highlight or place cursor in the desired Adjustment Reason field. |
| 8. Choose the Adj Reas/Clm Resp button. |
| 9. You see the Adjustment Reason screen (RF-S-002-08). |

Screens RF-S-002-09 Claim Response

General Information

Screen designed to display and Update Claim Response Code data on RF_CLM_RESPONSE_R DB2 Table.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT209
MAPSET	RF209VA
TRAN ID	VSH1 (Inquiry), VSH2 (Update), VSH3 (ADD), VSH4 (Delete)

SAMPLE	Claim Response (RF-S-002-09)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECT RESPONSE (DE0000)	Edits: Value must be greater than all under-scores. The field is alphanumeric and is left justified. Whatever is keyed into this field will be used in the search	Response selection. Whatever is keyed into this field will be used in the search argu-ment for the 'Next' Claim Response Code. INQUIRY (O/U) Enter the response selection search value. Response selection. Whatever is keyed into this field will be used in the add or update argument for the 'Next' Claim Response

		argument for the 'Next' Claim Response Code. Messages: N/A	Code. ADD (O/U) Enter the response add search value. UPDATE (O/U) Enter the response update search value.
2	SELECT RESPONSE TYPE (DE0000)	Edits: This 1 position field is alphanumeric. Only space, 'D', 'N', 'R', or 'S' are valid. An under-score left on the user's screen is valid. Messages: INVALID VALUE PLEASE ENTER SELECT RESPONSE	Response Type selection. Valid values are 'D', 'N', 'R', 'S' or space. INQUIRY (O/U) Enter the response type selection. Response Type selection. Valid values are 'D', 'N', 'R', 'S' or space. ADD (O/U) Enter the response type selection. UPDATE (O/U) Enter the response type selection.
3	CLM RESPONSE CODE Claim Response Code (DE5540)	Edits: This field is not modi-fiable because it is part of the Key. It can only be entered in the ADD Processing Mode. Any alpha-numeric value entered will be accep-ted. It is left justified and any leading spaces or under-scores will be deleted. All trailing underscores will be deleted. There can be no imbedded spaces and no special char-acters. A new Claim Response Code can-not be ADDed where there is an existing Claim Response Code and Claim Response Type of the same value. Must	Claims Response Code. Claims Response Code. ADD (R/P) Enter the claims response code. A new claim response code cannot be ADDed where there is an existing claim response code and claim response type of the same value. UPDATE (R/P) System Displayed.

		be a valid value on the RF_CARC_ RARC_XREF Table. Messages: DUPLICATE CLAIM RESPONSE AND CLAIM RESPONSE TYPE	
4	CLM RESPONSE TYPE Claim Response Type (DE5541)	Edits: Valid Values are 'N', 'R', and 'S'. This field, together with the Claim Response (DE5540) form the Key. Therefor, in the ADD Processing Mode, there cannot be an existing row with the same values as entered onto the screen. Messages: INVALID VALUE DUPLICATE CLAIM RESPONSE AND CLAIM RESPONSE TYPE	Claim Response Type. Claim Response Type. Valid values are 'N', 'R' and 'S'. ADD (R/P) Enter the claim response type. UPDATE (R/P) System Displayed.
5	DESCRIPTION: SHORT Claim Response Short Description (DE5549)	Edits: At least one alpha-numeric character is required. Messages: SHORT DESCRIPTION IS REQUIRED	Claim Response Short Description. Claim Response Short Description. ADD (R/U) Enter the short description of the claim response. UPDATE (R/U) Enter the change to the short description of the claim response.
6	DESCRIPTION: LONG Claim Response Description (DE5543)	Edits: At least one alpha-numeric character is required. Messages: LONG	Claim Response Description. Claim Response Description. ADD (O/U) Enter the long description of the claim response. UPDATE (O/U)

		DESCRIPTION IS REQUIRED	Enter the change to the long description of the claim response.
7	EFFECTIVE DATES BEGIN Claim Response Begin Date (DE5544)	Edits: It must pass basic date edits. It may not be greater than End Date (DE5545). - ADD Processing Mode: o May be a prior, current, or future date. - For an UPDATE: o When Begin Date <= Current Date, then Begin Date alone cannot be changed. o When Begin Date > Current Date, then Begin Date alone CAN be changed. o When Begin Date alone is being changed, it may NOT be changed to a date > End Date. o If other data is being changed, then program is to prompt for new Begin Date (>=Current Date). o Begin Date may NOT be changed to a date < Current Date. Messages: INVALID DATE BEGIN DATE LESS THAN CURRENT DATE BEGIN DATE IS GREATER THAN END DATE BEGIN DATE	Claim Response Begin Date. Claim Response Begin Date. Must be valid date format (MMDDCCYY). ADD (U/O) Enter the claim response begin date. Date may not be greater than end date and may be prior, current or future date. UPDATE (U/O) Enter the change to the claim response begin date. Date may not be greater than end date. - When begin date is less than or equal to the current date, then begin date alone cannot be changed. - When begin date is greater than current date, then begin date alone CAN be changed. - When begin date alone is being changed, it may NOT be changed to a date greater than end date. - Begin date may NOT be changed to a date less than Current Date.

		EQUAL TO CURRENT DATE	
8	EFFECTIVE DATES END Claim Response End Date (DE5545)	Edits: It must pass basic date edits. It may not be less than Begin Date (DE5584). - ADD Processing Mode: o May be a prior, current, or future date. - For an UPDATE: o End Date may NOT be changed to a date < Current Date. o End Date may NOT be changed to a date < Begin Date Messages: INVALID DATE END DATE IS LESS THAN BEGIN DATE END DATE IS LESS THAN CURRENT DATE	Claim Response End Date. Claim Response End Date. Must be valid date format (MMDDCCYY). ADD (R/U) Enter the claim response effective end date. Date may not be less than begin date and may be a prior, current or future date. UPDATE (R/U) Enter the change to the claim response effective end date. Date may not be changed to date less than current date or the begin date.
9	STATUS CATEGORY Claim Response Code Status Catalog (DE5548)	Edits: Only Claim Response Type 'S' (DE5541) requires the Status Category. If entered for any other Claim Response Type, it will be ignored. It is alpha-numeric and may contain a trailing space. Underscores and special characters are not valid. Messages: INVALID VALUE	Claim Response Code Status Catalog. Claim Response Code Status Catalog. ADD (O/U) Enter the claim response status category, only if the claim reason type is 'S'. UPDATE (O/U) Enter the change to the claim response status category.

NAVIGATION	Claim Response (RF-S-002-09)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	The next previous sequential set of Claim Response Codes is displayed.	N/A
CLEAR FORM	In the ADD Processing Mode, space is provided at the top of the screen for a new Claim Response Code to be entered.	N/A
ENTER	If SELECT RESPONSE/RESPONSE TYPE is entered, then the requested Code, or the one closest, is displayed at the top of the screen. Otherwise, for the Update or ADD Processing Mode, the program determines if any data has been changed/added. If so, then the modified field(s) is edited for validity.	N/A
SUB MENU	Returns user to Reference Subsystem Menu, RF-S-004	N/A
SCROLL DOWN	The next sequential set of Claim Response Codes is displayed.	N/A
MAIN MENU	Returns to the Main System Menu.	N/A
REFRESH	Record data is re-displayed from the database.	N/A
RETURN	Returns user to previous screen.	N/A
UPDATE	For the Update or ADD Processing Mode, the program determines if any data has been changed/added. If so, then the modified field(s) is edited for validity. If all edits are passed, the current record is Updated or a new record is Added.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5307	BEGIN DATE LESS THAN THE CURRENT DATE	Check begin and end dates. Enter a begin date greater than the end date.
5276	BEGIN DATE ONLY CHANGE NOT ALLOWED	Begin Date change is only allowed if other data fields are changed.

5031	DATA DISPLAYED	Information message. No action needed.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
81	FUNCTION KEY IS NOT ACTIVE IN THIS MODE	Change mode to complete the transaction. Use the On-line HELP system for instructions, if necessary.
5331	MISSING/INVALID DATA CORRECT HIGHLIGHTED FIELD(S).	Information message.
130	MUST ENTER PROVIDER/ENROLLEE SELECTION FOR NEW REQUEST	Enter valid data and begin process again.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
125	RECORD NOT FOUND	Information message.
25	RECORD UPDATED	Information message. No action needed.
4812	SCREEN CLEARED	Information message.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5464	CARC/CAGC/RARC COMBINATION INVALID	Invalid combination entered based on CAQH Code Combinations Stored within the RF_CARC_ RARC_XREF table.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Adjustment Reason X-Ref from the drop-menu in the System Support section.
4. Choose the Add or Update radio button in the Function field.
5. Choose Enter.
6. You see the Adjustment Reason Response X-Ref screen (RF-S-002-07).
7. Highlight or place cursor in the Claim Response field.
8. Choose the Adj Reas/Clm Resp button.
9. You see the Claim Response screen (RF-S-002-09).

Screens RF-S-004 Reference Sub-system Menu

General InformationThe Reference Subsystem Menu screen presents a menu of Reference sub-system applications for selection. The Subsystem is divided into four categories: (1) Procedures, (2) Drug, (3) Other, and (4) System Support. This screen is invoked from the Main System Menu screen (RF-S-010) by clicking on the 'Reference' icon as the selection option.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT001
MAPSET	RF001VA
TRAN ID	VS01 (Inquiry)

SAMPLE	Reference Subsystem Menu (RF-S-004)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECT Terminal/PC Operator List or Option Select (DE9999)	Edits: Value entered must be in range of 1-13, 14-23, or A, C, D, F, H, I, M, R, X, or W, ELSE an Error message will display. Messages: ENTER A SELECTION. FUNCTION CHOSEN IS INVALID CHOOSE A VALID	This field allows access for the selection of a screen. Click on the drop down arrow to view the selection options and then select the desired screen from options. Selections are: Procedures - Dental - Medical - Revenue - ICD-CM-Procedures - Aids Waiver

| SELECTION
ONLY INQUIRY IS POSSIBLE FOR THIS SELECTION. | - CMH Waiver
- CDPAS
- EI Procedure
- Eld & Disabl Waiver
- Treatment Foster Care
- High Level
- IFFDS
- Mental Retardation
- Rental
- Special
- Tech Waiver
- Mental Health Clinic
- Medicaid Works
Drug
- Inquiry/Update by NDC
- Inquiry by GCN
- Browse by Trade Name/Soundex
- Browse by Generic Name/Soundex
- Browse by Partial NDC
Other
- Enhanced Amb. Patient Group(EAPG)
- Diagnosis/Length of Stay
- Diagnosis Related Group (DRG)
- Locality Menu
- Transportation Broker Rates
- Service Type Code
- PTP Bypass Table
- MUE Bypass Table
System Support
- Edit Criteria
- Error Text
- System Parameters
- Value Sets
- Adjustment Reason X-Ref
- Batch - On Request Report Maint
- HIPAA X.12 Update Maint
One of the options is required. |

2	VALUE Terminal/PC Operator Data Entry (DE9998)	Edits: If entered, data must be consistent with selection chosen. Messages: FIRST 11 POSITIONS OF VALUE FIELD MUST BE NUMERIC. 'ESC CODE IS INVALID; MUST BE NUMERIC AND GREATER THAN ZEROES' 'RECORD SPECIFIED IN THE VALUE FIELD ALREADY EXISTS'.	Based on function, value data must be consistent with selection chosen.

Navigation

NAVIGATION	Reference Subsystem Menu (RF-S-004)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADD	Select Subsystem function and Selection Argument (record/row key) for Add. Security must be appropriate for Selection.	N/A
SUB MENU	Return to System Main Menu.	N/A
INQUIRY	Select Subsystem function and Selection Argument for Inquiry. Security must be appropriate for Selection.	N/A
MAIN MENU	Return to System Main Menu	N/A
UPDATE	Select Subsystem function and Selection Argument (record/row key) for UPDATE. Security must be appropriate for Selection.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5073	CANNOT UPDATE PROCEDURE CODE	Enter a valid Procedure code.
4004	CHOOSE A VALID SELECTION	Choose a selection from the drop-down menu.
5079	EDIT CODE MUST BE 1-4 CHARACTERS	Information message.
4002	ENTER A SELECTION	Enter your selection at the cursor to complete the task.
5015	ESC CODE IS INVALID; MUST BE NUMERIC AND GREATER THAN ZEROES	Edit field data.
5078	ESC CODE IS NOT VALID ON EDIT TEXT	Informational message.

	TABLE	
5005	FIRST 11 POSITIONS OF VALUE FIELD MUST BE NUMERIC	Informational message.
5003	FIRST 4 POSITIONS OF VALUE FIELD MUST BE NUMERIC	Informational message.
5007	FIRST 5 POSITIONS OF VALUE FIELD MUST BE NUMERIC	Informational message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5076	MUST ENTER AT LEAST ONE CHARACTER FOR EDIT CODE NAME	Enter valid data and begin process again.
92	NO RECORD FOUND	Informational message. No action needed.
5006	ONLY INQUIRY IS POSSIBLE FOR THIS SELECTION	Informational message.
5063	RECORD ALREADY EXISTS	Informational message. No action needed.
3032	RECORD ALREADY EXISTS	Informational message. No action needed.
5082	RECORD SPECIFIED IN THE VALUE FIELD ALREADY EXISTS	Informational message.
4116	SELECTION NUMBER MUST BE NUMERIC	Enter a numeric selection number.
5077	SYSTEM PARAMETER ID MUST BE 1-10 CHARACTERS	Enter a valid system parameter.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
59	VALID FUNCTION FOR THIS SELECTION IS CHANGE OR INQUIRY	Choose a valid Function (Change or Inquiry).

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Subsystem Menu (RF-S-004).

Screens RF-S-005 HIPAA X.12 Standard Code Sets (Inquiry, Update, Add)

General Information

This program for INQUIRY, UPDATE, or ADD of data to the DB2 table RF_HIPAA_X12_UPDT. This screen is invoked from the Main System Menu screen (RF-S-010) by clicking on the 'Reference' icon as the selection option; and Reference Subsystem Menu by activating dropdown for System Support using selection "HIPAA X.12 Update Maint".

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT500VA
MAPSET	RF500VA
TRAN ID	VSX0 (Inquiry), VSX1 (Update(, VSX2 (Add)

SAMPLE	**HIPAA X.12 Standard Code Sets (Inquiry, Update, Add) (RF-S-005)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Flag HIPAA Standard Code Sets Update Current Process Indicator (DE5987)	Edits: Only entry of "O" or space accepted. Messages: ONLY VALID VALUE IS "O"	HIPAA Standard Code Sets Update Current Process Indicator. Entering an 'O' in the Flag field allows reprocessing without any other change.
2	Edit Claim Edit Code (DE5611)	Edits: N/A Messages: Claim Edit Code.	Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Code assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual. Must be numeric. ADD (R/P), UPDATE (P). Enter the code

			assigned to each edit error identified in the Claims Processing Subsystem Edit/Audit Manual.
3	ESC Claim Error ESC Code (DE5506)	Edits: Must be numeric. The value of this code, in combination with the Error Text Code (DE5511), must exist in the table (RF_EDIT_TEXT). Messages: RECORD DOES NOT EXIT COMBINATION EXIST; USE CHANGE MODE TO UPDATE	Supporting code to Error Text Error Code that provides an additional error message and associated error indicators. Claim Error ESC Code
4	GRP (Current) HIPAA Adjustment Reason Group Code (DE5535)	Edits: The group entered must be a valid combination of the HIPAA Adjust-ment Reason Code and the Claim Response Code entered and be a valid value within a code combination on the RF_CARC_RARC_XREF Table. Messages:	HIPAA Adjustment Reason Group Code. HIPAA Adjustment Reason Group Code UPDATE (P) display only.
5	RSN (Current) HIPAA Adjustment Reason Code (DE5580)	Edits: The RSN entered must be a valid combination of the HIPAA Adjust-ment Reason Group Code and the Claim Response Code entered and be a valid value within a code combination on the RF_CARC_RARC_XREF Table. Messages:	HIPAA Adjustment Reason Code. HIPAA Adjustment Reason Code. UPDATE (P) display only.

6	Remark (Current) Claim Response Code (DE5540)	Edits: The REMARK entered must be a valid combination of the HIPAA Adjustment Reason Code and the HIPAA Adjustment Reason Group Code entered and be a valid value within a code combination on the RF_CARC_ RARC_XREF Table. Messages:	Claims Response Code. Claims Response Code. UPDATE (P) display only.
7	Status (Current) Claim Response Code (DE5540)	Edits: Messages:	Claims Response Code. Claims Response Code. UPDATE (P). display only.
8	GRP (New) HIPAA Adjustment Reason Group Code (DE5535)	Edits: For ADD and UPDATE: It must be equal to an existing value (C_ ADJ_RSN_GROUP) on the DB2 Table, RF_HIPAA_ADJ_ GRP_R. The group entered must be a valid combination of the HIPAA Adjustment Reason Code and the Claim Response Code entered and be a valid value within a code combination on the RF_CARC_RARC_ XREF Table. Messages: MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	HIPAA Adjustment Reason Group Code. HIPAA Adjustment Reason Group Code. ADD (O), UPDATE (O). Enter the adjustment reason group code. When entered it must be equal to an existing value on the DB2 Table combined with valid entries of HIPAA Adjustment Reason Code and Claims Response Code.
9	RSN (New) HIPAA Adjustment Reason Code	Edits: For ADD and UPDATE:	HIPAA Adjustment Reason Code. HIPAA Adjustment Reason Code. ADD (O), UPDATE (O). Enter the adjustment

	(DE5580)	Must be equal to a value on the B.RF_ HIPAA_ADJ_RSN_ R Table WHERE (A.C_ADJ_RSN (from screen) = B.C_ ADJ_RSN) AND (A.ADJ_ RSN_ GROUP (from screen) = B.C_ADJ_ RSN_GROUP). The RSN entered must be a valid combination of the HIPAA Adjust- ment Reason Group Code and the Claim Response Code entered and be a valid value within a code combination on the RF_CARC_RARC_ XREF Table. Messages: MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	reason code. It is an alphanumeric left-jus- tified field; may be from 1 to 5 characters; and must not have any imbedded spaces. When entered it must be equal to an exist- ing value on the DB2 Table combined with valid entries of HIPAA Adjustment Reason Group Code and Claims Response Code.
10	Remark (New) Claim Response Code (DE5540)	Edits: For ADD or UPDATE: Must be equal to a value on the B.RF_ CLM_RESPONSE_ R Table WHERE (A.C_CLM_RESP (from screen) = B.C_ CLM_RESP) AND (A.C_CLM_RESP_ TYPE (from screen) = B.C_CLM_RESP_ TYPE). The REMARK entered must be a valid com- bination of the HIPAA Adjustment Reason	Claims Response Code. Claims Response Code. ADD (O), UPDATE (O). Enter the claims response code. When entered it must be equal to an existing value on the DB2 Table combined with valid entries of HIPAA Adjustment Reason Group Code and HIPAA Adjust- ment Reason Code.

		Code and the HIPAA Adjustment Reason Group Code entered and be a valid value within a code combination on the RF_CARC_RARC_XREF Table. Messages: MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	
11	Status (New) Claim Response Code (DE5540)	Edits: For ADD or UPDATE: Must be equal to a value on the B.RF_CLM_RESPONSE_R Table WHERE (A.C_CLM_RESP (from screen) = B.C_CLM_RESP) AND (A.C_CLM_RESP_TYPE (from screen) = B.C_CLM_RESP_TYPE). Messages: MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	Claims Response Code. Claims Response Code. ADD (O), UPDATE (O). Enter the claims response code when applicable.
12	Eff Date Error Text Disposition Location Effective Date (DE5602)	Edits: For ADD or UPDATE: It must pass basic date edits. It may not be greater than End Date (DE5682). Begin Date may be a prior, current, or future date. Messages: Invalid Date.	Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective. Date when the disposition and location of an Error Code for a specific Benefit Definition Benefit Plan Code and Exception Indicator becomes effective.

13	End Date	Edits:	Disposition Location End Date. System Displayed.
	Disposition Location End Date (DE5682)	For ADD and UPDATE:	Disposition Location End Date. System Displayed.
		It must pass basic date edits. It may not be < Begin Date (DE5602).	
		Messages:	
		Invalid Date.	
14	Operator	Edits:	Operator or Process making last change.
	User/Operator ID (DE0012)	Messages:	Operator or Process making last change.
		Operator or Process making last change.	
15	(ESC) Description	Edits:	Error description that appears on the Daily Pend List.
	Error Text Short Description (DE5513)	Messages:	Error description that appears on the Daily Pend List.
		Error Test Short Description.	
16	PI	Edits:	Process Indicator:
	Claim Type Process Indicator (DE5988)	Messages:	HE - ESC Code representing non-drug.
		Process Indicator (HE or RX)	RX - ESC Code representing drug.
			Process Indicator:
			HE - ESC Code representing non-drug.
			RX - ESC Code representing drug.
17	Change Date	Edits:	Date of last change to values in table.
	Row Update Date (DE0011)	Messages:	Date of last change to values in table.
18	Change Time	Edits:	Time of last change to values in table.
	Log Time (DE5705)	Messages:	Time of last change to values in table.

NAVIGATION	**HIPAA X.12 Standard Code Sets (Inquiry, Update, Add) (RF-S-005)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display next previous page of HIPAA X.12 ESC Codes.	N/A
DISPLAY ALL	Redisplay detail of ESC Codes for update	N/A
DISPLAY ERROR	Filters all HIPAA X.12 entries from a previous update (VMRR031) and display on screen with FLAG (over-	N/A

	ride) field available for change.	
ENTER	SENDS Next HIPAA X.12 ADD/UPDATE data to the program.	N/A
SUB MENU	Exit to Reference Subsystem Menu, RF-S-004.	RF-S-004 (R)
SCROLL DOWN	Displays next page of HIPAA X.12 ESC Codes.	N/A
MAIN MENU	Returns to the Main System Menu.	RF-S-010 (R)
REFRESH	Program re-displays data from database for Inquiry/Update mode. Returns clear screen for Add mode.	N/A
RETURN	Return to previous screen	N/A
UPDATE	When in ADD or UPDATE mode, SENDS new or modified data to the program.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5247	CANNOT BLANK OUT ALL VALUES OF A NEW ENTRY	Research the Field Definitions for specifications for these fields.
5245	CANNOT CREATE A "RX" FOR THIS ESC CODE	Research and change the data entered. See the Field Definitions for specifications on valid data for the field.
95	CICS ERROR	Contact ACS Operations for assistance.
97	CICS TRANSFER ERROR	Information message.
5244	COMBINATION EXIST; USE CHANGE MODE TO UPDATE	Research the Field Definitions for specifications for these fields.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
61	DATA HAS CHANGED; PAGE BACKWARD REQUEST NOT ALLOWED	Information message. No action needed.
60	DATA HAS CHANGED; PAGE FORWARD REQUEST NOT ALLOWED	Information message. No action needed.

5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
5248	DUPLICATE OF A PREVIOUS RECORD	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
9	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
5243	MUST BE "RX" OR "HE"	Enter a valid value in the field. See the Field Definitions for valid values for the field.
77	MUST BE NUMERIC	Data must be only numeric. See the Field Definitions for valid data/formatting this field.
5242	MUST FIRST PRESS ENTER TO VALIDATE	Press Enter
5246	MUST HAVE A GRP/RSN/RMRK OR STATUS	Research and change the data entered. See the Field Definitions for specifications on valid data for these fields.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5241	ONLY VALID VALUE IS "O"	Enter a valid value in the field.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
5062	RECORD DOES NOT EXIST	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5464	CARC/CAGC/RARC COMBINATION INVALID	Invalid combination entered based on CAQH Code Combinations Stored within the RF_CARC_RARC_XREF table.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select HIPAA X.12 Update Maint. from the drop-menu in the System Support box.
4. Choose the Update radio button in the Function field, press Enter.

- You see the HIPAA X.12 Standard Code Sets Update screen (RF-S-005).
5. Choose the Add radio button in the Function field, press Enter.
- You see the HIPAA X.12 Standard Code Sets Add screen (RF-S-005).
6. If maintenance (UPDATE) is desired:
- Enter new values for 1 or more ESC Codes, press Enter.
- If message "DATA IS CORRECT" displays, press Update.
7. If maintenance (ADD) is desired:
- Enter values for 1 or more ESC Codes, press Enter.
- If message "DATA IS CORRECT" displays, press Update.
8. If maintenance (Error Override) is desired:
- Press Display Error.
- Enter 'O' in Flag field beside 1 or more ESC Codes, press Enter.
- If message "DATA IS CORRECT" displays, press Update.
9. To redisplay previous Maintenance screen, press Display All.
10. To refresh screen to original values, press Refresh.

Screens RF-S-006 PTP Edit Bypass Screen

General Information

The PTP Edit Bypass Screen displays information based on the selection criteria from the Reference Subsystem Menu Screen (RF-S-004). The primary purpose of this screen is to display and update data stored on the PTP Edit Bypass Table (RF_PTP_EDIT_BYPASS).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	RFT901VA
MAPSET	RF901VA
TRAN ID	VSF2 (Inquiry)/VSF3 (Update)

SAMPLE	PTP Edit Bypass Screen (RF-S-006)

MMIS

Help | Print | Logoff

| Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL |
| Assessment | Drugs | Reports |

Screen ID: RF-S-006
Trans ID: VSF2
Program ID: RFT901VA

VIRGINIA MEDICAID
PTP EDIT BYPASS - INQUIRY

Date: 01/11/2013
Time: 23:20
PAGE: 01 OF: 001

HCPCS/CPT Code 1 : [   ]   HCPCS/CPT Code 2 : [   ]   DMAS Override Indicator: [ ]

Begin Date: [   ]   End Date: [   ]

HCPCS/CPT Code 1	HCPCS/CPT Code 2	Begin Date	End Date	Mod Ind	DMAS Ovr	Last Update	File Ind

Scroll Up   Scroll Down

Enter   Return   Sub Menu   Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	HCPCS/CPT Code 1 (DE5002)		User entered search criteria. User may enter desired first HCPCS/CPT Code without having to scroll through entire list.
2	HCPCS/CPT Code 2 (DE5002)		User entered search criteria. User may enter desired second HCPCS/CPT Code without having to scroll through entire list.

3	DMAS Over-ride Indicator		User entered search criteria. User may enter desired DMAS Override Indicator without having to scroll through entire list.
4	Begin Date		User entered search criteria. User may enter desired Effective Begin Date without having to scroll through entire list.
5	End Date		User may enter desired Effective End Date without having to scroll through entire list.
6	HCPCS/CPT Code 1 (DE5002)		This field is the first HCPCS/CPT code for the PTP Edit Bypass. It is display only.
7	HCPCS/CPT Code 2 (DE5002)		This field is the second HCPCS/CPT code for the PTP Edit Bypass. It is display only.
8	Begin Date	Edits: This value should always be in Date Format like MMDDCCYY and this value should be less than End Date. Messages: DATE IS INVALID.	This field is the Begin Date for the PTP Edit Bypass. For an update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. The date may not fall after the End Date.
9	End Date	Edits: This value should always be in Date Format like MMDDCCYY and this value should be greater than Begin Date. Messages: DATE IS INVALID.	This field is the End Date for the PTP Edit Bypass. For an update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. The date may not fall before the Begin Date.
10	Mod Ind	Edits: This value should be 'Y' or 'N'. Messages: MUST BE 'Y' OR 'N'.	This field is the Modifer Indicator. Valid Values include: 0 = Edit Bypass Not Allowed 1 = Edit Bypass Allowed if valid modifier is present. 9 = Edit Bypass No Longer Applicable It is display only.
11	DMAS Ovr		This field is the DMAS Override Indicator for the respective PTP Edit Bypass. The valid values are 'Y' and 'N', with the default value set to 'N'.
12	Last Update		This field provides the last date which the respect-ive PTP Edit Bypass was updated. It is display only.
13	File Ind		This field is the File Indicator and tells the edit type of the respective PTP Edit Bypass based on Pro-

			vider Type. The valid values include: PRA (Practitioner) OPH (Outpatient Hospital) DME (Durable medical Equipment) It is display only.

NAVIGATION	**PTP Edit Bypass Display Screen (RF-S-006)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Enter	Displays the PTP Edit Bypass table data that matches the search criteria entered at the top of the screen. (HCPCS/CPT Code 1, HCPCS/CPT Code 2, DMAS Override Indicator, Begin Date, End Date)	N/A
Return	Returns the user to the Reference Subsystem Menu Screen.	RF-S-004 (R)
Sub Menu	Returns the user to the Reference Subsystem Menu Screen.	RF-S-004 (R)
Main Menu	Returns the user to the VaMMIS Main System Menu Screen.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
1	BEGIN DATE MUST BE LESS THAN END DATE	ENTER END DATE GREATER THAN BEGIN DATE
15	FUNCTION CHOSEN IS INVALID	Choose another function.
25	RECORD UPDATED	INFORMATION MESSAGE
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
68	DATA REFRESHED	Information message.
71	ALREADY AT THE FIRST RECORD	INFORMATION MESSAGE
72	ALREADY AT THE LAST RECORD	INFORMATION MESSAGE
95	CICS ERROR.	CONTACT HELP DESK
5017	DATE IS INVALID	Enter a valid date. See the Field Definitions for specifications on the date to be entered.

5031	DATA DISPLAYED	Information message. No action needed.
5039	MUST BE 'Y' OR 'N'	Enter valid data and begin process again.
5044	END DATE CANNOT BE LESS THAN BEGIN DATE	Enter an end date falling after the begin date.
5065	INVALID DATA	See the Field Definitions for valid data/formatting for this field.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5075	PROCEDURE CODE NOT FOUND.	ENTER ANOTHER PROCEDURE CODE
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE.	CHOSE ANOTHER FUNCTION.

Screen Access

1.	Choose the Reference icon from the VaMMIS Main System Menu.
2.	You see the Reference Subsystem Menu Screen.
3.	Select PTP Bypass Table from the Other Drop Down List.
4.	Select Update or Inquiry function.
5.	If you choose, enter a procedure code in the value text box to search by and click on Enter.
6.	You see the PTP Edit Bypass Display Screen (RF-S-006).

Screens RF-S-007 MUE Edit Bypass Screen

General Information

The MUE Edit Bypass Screen displays information based on the selection criteria from the Reference Subsystem Menu Screen (RF-S-004). The primary purpose of this screen is to display and update data stored on the MUE Edit Bypass Table (RF_PTP_EDIT_BYPASS).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	RFT902VA
MAPSET	RF902VA
TRAN ID	VSF4 (Inquiry)/VSF5 (Update)

SAMPLE	MUE Edit Bypass Screen (RF-S-007)

Virginia Medicaid

MMIS

| Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs |
| Reports |

Screen ID: RF-S-007
Trans ID: VSF4
Program ID: RFT902VA

VIRGINIA MEDICAID
MUE EDIT BYPASS - INQUIRY

Date: 01/15/2013
Time: 15:06
PAGE: 01 OF: 001

HCPCS/CPT Code: [____]   DMAS Override Indicator: [_]
Begin Date: [____]   End Date: [____]

HCPCS/CPT Code	MUE Units	Begin Date	End Date	DMAS Ovr	Last Update	File Ind

Scroll Up   Scroll Down

DATA DISPLAYED.

Enter   Return   Sub Menu   Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	HCPCS/CPT Code (DE5002)		User entered search criteria. User may enter desired first HCPCS/CPT Code without having to scroll through entire list.
2	DMAS Over-ride Indicator		User entered search criteria. User may enter desired DMAS Override Indicator without having to scroll through entire list.
3	Begin Date		User entered search criteria. User may enter desired Effective Begin Date without having to scroll through entire list.
4	End Date		User may enter desired Effective End Date

			without having to scroll through entire list.
5	HCPCS/CPT Code (DE5002)		This field is the first HCPCS/CPT code for the MUE Edit Bypass. It is display only.
6	MUE Units		This field is the MUE Units assigned to the respective HCPCS/CPT Code. It is display only.
7	Begin Date	Edits: This value should always be in Date Format like MMDDCCYY and this value should be less than End Date. Messages: DATE IS INVALID.	This field is the Begin Date for the MUE Edit Bypass. For an update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. The date may not fall after the End Date.
8	End Date	Edits: This value should always be in Date Format like MMDDCCYY and this value should be greater than Begin Date. Messages: DATE IS INVALID.	This field is the End Date for the MUE Edit Bypass. For an update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. The date may not fall before the Begin Date.
9	DMAS Ovr	Edits: This value should be 'Y' or 'N'. Messages: MUST BE 'Y' OR 'N'.	This field is the DMAS Override Indicator for the respective MUE Edit Bypass. The valid values are 'Y' and 'N', with the default value set to 'N'.
10	Last Update		This field provides the last date which the respective MUE Edit Bypass was updated. It is display only.
11	File Ind		This field is the File Indicator and tells the edit type of the respective MUE Edit Bypass based on Provider Type. The valid values include: PRA (Practitioner) OPH (Outpatient Hospital) DME (Durable medical Equipment) It is display only.

NAVIGATION	**MUE Edit Bypass Display Screen (RF-S-007)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
Enter	Displays the MUE Edit Bypass table data that matches the search cri-	N/A

	teria entered at the top of the screen. (HCPCS/CPT Code 1, HCPCS/CPT Code 2, DMAS Override Indicator, Begin Date, End Date)	
Return	Returns the user to the Reference Subsystem Menu Screen.	RF-S-004 (R)
Sub Menu	Returns the user to the Reference Subsystem Menu Screen.	RF-S-004 (R)
Main Menu	Returns the user to the VaMMIS Main System Menu Screen.	RF-S-010 (R)

Error Messages

Error	Description	Resolution
1	BEGIN DATE MUST BE LESS THAN END DATE	ENTER END DATE GREATER THAN BEGIN DATE
15	FUNCTION CHOSEN IS INVALID	Choose another function.
25	RECORD UPDATED	INFORMATION MESSAGE
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
68	DATA REFRESHED	Information message.
71	ALREADY AT THE FIRST RECORD	INFORMATION MESSAGE
72	ALREADY AT THE LAST RECORD	INFORMATION MESSAGE
95	CICS ERROR.	CONTACT HELP DESK
5017	DATE IS INVALID	Enter a valid date. See the Field Definitions for specifications on the date to be entered.
5031	DATA DISPLAYED	Information message. No action needed.
5039	MUST BE 'Y' OR 'N'	Enter valid data and begin process again.
5044	END DATE CANNOT BE LESS THAN BEGIN DATE	Enter an end date falling after the begin date.
5065	INVALID DATA	See the Field Definitions for valid data/formatting for this field.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5075	PROCEDURE CODE NOT FOUND.	ENTER ANOTHER PROCEDURE CODE
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE.	CHOSE ANOTHER FUNCTION.

Screen Access

1. Choose the Reference icon from the VaMMIS Main System Menu.
2. You see the Reference Subsystem Menu Screen.
3. Select PTP Bypass Table from the Other Drop Down List.
4. Select Update or Inquiry function.
5. If you choose, enter a procedure code in the value text box to search by and click on Enter.
6. You see the MUE Edit Bypass Display Screen (RF-S-007).

Screens RF-S-010 Main System Menu

General Information

This screen is the Main System Menu for the Virginia MMIS. Its purpose is to provide the user with a means, upon first entering the system, to navigate to the various subsystem/application menus. In some cases, e.g., Prior Authorization, the user may go directly to an application, thereby bypassing the subsystem menu (Invoice Processing in this example).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT010
MAPSET	RF000VA
TRAN ID	VS00 (inquiry)

SAMPLE	**Main System Menu (RF-S-010)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	ENTER SELECTED SUB-SYSTEM NUMBER (DE0000)	Edits: Value entered must be in range of 1-15, ELSE Error. Messages: INVALID SELECTION NUMBER - MUST	Select Reference application. User must also have appropriate Security to access Transaction Code. Select Reference application. User must also have appropriate Security to access Transaction Code.

NAVIGATION	**Main System Menu (RF-S-010)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SELECT	Select desired Subsystem/application depending on value entered. User must also have appropriate Security to access Transaction Code.	N/A

Error Messages

Error	Description	Resolution
5001	CESF LOGOFF	Information message.
52	CHOOSE A SELECTION	Choose a selection from the drop-down menu.
30	CICS ERROR; TRANSACTION CANCELLED	Contact ACS Operations for assistance.
51	ENTER A SELECTION	Enter your selection at the cursor to complete the task.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
50	TRANSACTION CANCELLED AT USER'S REQUEST	Information message. No action needed.
5000	TRANSACTION MUST BE INVOKED THRU DMAS MENU	Contact DMAS to complete the transaction.
34	USER AUTHORIZATION FAILURE	If necessary, contact the ACS HELP desk.

Screen Access

N/A

Screens RF-S-011 Diagnosis Related Grouping Codes

General Information

This screen presents detailed information about each DRG Code identified in the MMIS. Up to 8 DRG records may be displayed on one screen. This screen is invoked by the Reference Subsystem Menu screen (RF-S-004) and can be used to view or update data.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	RFT050
MAPSET	RF050
TRAN ID	VS57 (Inquiry), VS58 (Update)

SAMPLE	Diagnosis Related Grouping Codes (RF-S-011)

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs

Reports

Screen ID: RF-S-011
Trans ID: VS58
Program ID: RFT050VA

VIRGINIA MEDICAID
DIAGNOSIS RELATED GROUP CODES - UPDATE

Date: 02/14/2
Time: 06:42

DRG Code	DRG SOI	Relative Weight	Arith Mean LOS	Begin Date	End Date	Description
010		001.1565	006.12	07012013	02282014	NERVOUS SYSTEM NEOPLASMS W CC
011		001.0367	004.51	07012013	02282014	NERVOUS SYSTEM NEOPLASMS W/O CC
012		000.8848	004.52	07012013	02282014	DEGENERATIVE NERVOUS SYSTEM DISORDER
013		001.0677	008.39	07012013	02282014	MULTIPLE SCLEROSIS & CEREBELLAR ATAXI
014		001.2835	007.43	07012013	02282014	STROKE WITH INFARCT
015		000.5684	002.71	07012013	02282014	NONSPECIFIC CVA & PRECEREBRAL OCCLUSI
016		000.7771	005.97	07012013	02282014	NONSPECIFIC CEREBROVASCULAR DISORDEF
017		000.4971	003.30	07012013	02282014	NONSPECIFIC CEREBROVASCULAR DISORDEF
018		000.7911	005.12	07012013	02282014	CRANIAL & PERIPHERAL NERVE DISORDERS \
019		000.7358	003.13	07012013	02282014	CRANIAL & PERIPHERAL NERVE DISORDERS \
020	1	002.8659	007.79	08152013	12319999	CRANIOTOMY FOR TRAUMA
020	2	003.2227	006.36	08152013	12319999	CRANIOTOMY FOR TRAUMA
020	3	006.7210	010.97	08152013	12319999	CRANIOTOMY FOR TRAUMA
020	4	006.7210	020.55	08152013	12319999	CRANIOTOMY FOR TRAUMA
021		000.4307	002.83	07012013	02282014	VIRAL MENINGITIS
021	1	002.8434	005.58	08152013	12319999	CRANIOTOMY EXCEPT FOR TRAUMA

Start Key Year: 2013   DRG: 010

Scroll Up   Scroll Dow

Enter	Update	Refresh	Return	Sub Menu	Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	DRG CD DRG (Diagnosis Related Group) Code (DE5353)		Identification number for a Diagnosis Related Grouping (DRG). Identification number for a Diagnosis Related Grouping (DRG). System Displayed.
1.1	SOI DRG Severity of Illness (DE5991)		Severity of Illness indicator for a claim. Severity of Illness indicator for a claim. System Displayed
2	RELATIVE WEIGHT DRG Relative Weight (DE5354)	Edits: Must be numeric. Field is 7 positions long with 4 decimal places (3 significant digits). When Changing (Updating) or ADDing a Relative Weight, not all positions need to be entered. This means that the user may enter a partial Relative Weight. However, what is keyed MUST BE NUMERIC. If any SPACES (or other non-numeric data) are keyed, then the entire field on the screen will be considered to be invalid. Data that can be entered and its treatment: - If ALL positions are entered with numeric data, it is an error. There should be a	A derived numeric factor (associated with a DRG Code) used in the algorithm to determine a provider's DRG payment. A derived numeric factor (associated with a DRG Code) used in the algorithm to determine a provider's DRG payment. UPDATE (O/U) Enter the DRG relative weight. Must be numeric.

		decimal point entered into the 4th position.	
		- If a partial Relative Weight is entered:	
		o If 1, or, 2, or 3 numbers are entered with no decimal point, then that is valid and will be interpreted as: e.g., 123.0000.	
		o If less than 3 numbers are entered with no decimal point, then the number will be padded in the high order positions with zeroe(s) to complete 3 significant digits. Zeroes will be padded in the low-order positions to complete 4 decimal places.	
3	ARITH MEAN LOS DRG Arithmetic Mean Length of Stay (DE5355)	Edits: Must be numeric.	The mean Length of Stay for patients whose diagnoses and procedures map to a specific DRG Code. The mean Length of Stay for patients whose diagnoses and procedures map to a specific DRG Code. UPDATE (O/U) Enter the DRG arithmetic mean length of stay. Must be numeric.
4	BEGIN DATE DRG Code Begin Date (DE5298)	Edits: Must be valid date format (mmddccyy). DRG Code Begin Date may be changed on the screen to a value that falls before, on, or after the current date. Messages: N/A	Beginning date of the DRG Code (DE 5353). Beginning date of the DRG Code (DE 5353). Must be valid date format (mmddccyy). DRG Code Begin Date may be changed on the screen to a value that falls before, on, or after the current date. Begin date must fall after the DRG Code End Date.
5	END DATE DRG Code End Date (DE5299)	Edits: For an add or update transaction, the data must be a valid date	Ending date of the DRG Code (DE 5353). Ending date of the DRG Code (DE 5353). For an add or update transaction, the data must be a valid date (MMDDCCYY) and

		(MMDDCCYY) and pass a basic date edit. - Date may not fall before the DRG Code Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - DRG Code End Date can not be changed if there is another attribute being changed in the same transaction. - If end date is null or a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. - If DRG Code End Date falls before the current date, then it may not be changed.	pass a basic date edit. - Date may not fall before the DRG Code Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - DRG Code End Date can not be changed if there is another attribute being changed in the same transaction. - If end date is null or a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. - If DRG Code End Date falls before the current date, then this date may not be changed. UPDATE (O/U) Must be valid date format (mmddccyy) if entered; otherwise use default.
6	DESC DRG Description (DE5356)		English description for a DRG Code. English description for a DRG Code. UPDATE (R/U) Enter the up to 68-character English description of the Drug Related Group code.
7	START YEAR (DE0000)	Edits: This is the beginning year where the data will display after pressing the Enter key.	This is the beginning year where the data will display after pressing the Enter key. INQUIRY (O/U) Enter the beginning year where data will display after pressing the Enter Key. This is the beginning year where the data will display after pressing the Enter key. UPDATE (O/U) Enter the beginning year where data will display after pressing the Enter Key.

8	START AT DRG CODE DRG (Diagnosis Related Group) Code (DE5353)		Identification number for a Diagnosis Related Grouping (DRG). INQUIRY (O/U) Enter the Diagnosis Related Grouping (DRG) code for the next record to be updated. Identification number for a Diagnosis Related Grouping (DRG). UPDATE (O/U) Enter the Diagnosis Related Grouping (DRG) code for the next record to be updated.

NAVIGATION	Diagnosis Related Grouping Codes (RF-S-011)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through DRG data	N/A
ENTER	Validates and updates data changed on the screen and creates an audit trail file in an add or update mode; selects another DRG code to start a new inquiry if entered.	N/A
SUB MENU	Returns to the Reference Subsystem Menu without updating	N/A
SCROLL DOWN	Scrolls forward through DRG data	N/A
MAIN MENU	Returns to the MMIS Main Menu.	N/A
REFRESH	Rereads and displays the most current data on the screen.	RF-S-001-09 ()
RETURN	Returns to the screen that initiated the detail request.	RF-S-001-08 (R)
UPDT	Validates and updates the data changed on the screen in Add/Update mode. Not valid in Inquiry mode.	RF-S-004 ()

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.

5057	BEGIN DATE IS INVALID	Enter a valid begin date. See the Field Definitions for explanation and formatting of valid begin dates.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
77	MUST BE NUMERIC	Data must be only numeric. See the Field Definitions for valid data/formatting this field.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Diagnosis Related Group (DRG) from the drop-menu in the Other box.
4. Choose the Update radio button in the Function field.
5. Enter a 3-digit diagnosis related group code in the Value field.
6. Choose Enter.
7. You see the Diagnosis Related Grouping Codes screen (RF-S-011).
New Screen Functionality: The begin date/end date parameters have changed for these date fields:
DRG Code
As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Sub-system.

Screens RF-S-012-01 FIPS Selection Menu

General Information

The FIPS Selection Menu screen presents five options for selecting FIPS data: (1) FIPS Data, (2) Region Type Data, (3) Region Data, 4) Locality/Region Type data, and 5) Zip Codes. This screen is invoked from the Reference Subsystem Menu screen (RF-S-04) by selecting FIPS Menu' from the 'Other' drop down window.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT210
MAPSET	RF210
TRAN ID	VS61 (Inquiry)

SAMPLE	FIPS Selection Menu (RF-S-012-01)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SELECT (DE0000)	Edits: Valid value = 'X' as received by the problem program. However, the user clicks the desired box and a 'check' is displayed in the box. Messages:	The available options which the menu provides. The available options which the menu provides.

		INVALID SELECT VALUE - VALID VALUE = 'X'	
2	(LOCALITY DATA) LOC MMIS Locality Code based on Postal Code (DE5254)	Edits: FOR AN INQUIRY: If entered, field must be a valid Locality Code identifying a record on the Locality table, RF_LOCALITY. FOR AN ADD: If entered, the field must be numeric and there cannot be a duplicate Locality on the Locality table. FOR AN UPDATE: If entered, field must be a valid Locality Code identifying a record on the Locality table. Messages: INVALID LOCALITY CODE RECORD ALREADY EXISTS LOCALITY DOES NOT EXIST LOCALITY CODE REQUIRED FOR AN ADD OR UPDATE	Identifies the provider or enrollee city/-county locality. INQUIRY (O/U) If entered, field must be a valid Locality Code identifying a record on the Locality table. Identifies the provider or enrollee city/-county locality. ADD (O/U) If entered, the field must be numeric and there cannot be a duplicate Locality on the Locality table. UPDATE (O/U) If entered, field must be a valid Locality Code identifying a record on the Locality table.
3	(REGION TYPE DATA) REGION TYPE/RATE TYPE Region Type (DE5244)	Edits: FOR AN INQUIRY: If Region Type is entered then it must be a valid Region Type resident on the Region Type table, RF_REGION_TYPE. FOR AN ADD: If enterted, there cannot be a duplicate Region Type on the Region Type table.	Code representing the type of organ-ization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. INQUIRY (O/U) If Region Type is entered then it must be a valid Region Type resident on the Region Type table. Code representing the type of organ-ization or department that divides the State of Virginia into various Region Codes. Each organization breaks the

			State in a different way.
		FOR AN UPDATE: If entered, field must be valid and represent a record on the Region Type table. For CAPITATION, this field (RATE TYPE) must be valid and represent a record on the Region Type table. Messages: INVALID REGION TYPE REGION TYPE DOES NOT EXIST REGION TYPE ALREADY EXISTS REGION TYPE REQUIRED FOR AN ADD OR UPDATE	ADD (O/U) If entered, there cannot be a duplicate Region Type on the Region Type table. UPDATE (O/U) If entered, field must be valid and rep-resent a record on the Region Type table.
4	(REGION DATA) REGION TYPE Region Type (DE5244)	Edits: FOR AN INQUIRY: Region Type is required and must be valid and resident as a record on the Region Type table (RF_ REGION_TYPE). FOR AN ADD: A valid Region Type must be entered - it must be represented as a record key on the Region Type table. FOR AN UPDATE: Region Type must be entered and it must be a record key on Region Type table. Messages: INVALID REGION TYPE REGION TYPE	Code representing the type of organ-ization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. INQUIRY (C/U) Region Type is required and must be valid and resident as a record on the Region Type table. Code representing the type of organ-ization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. ADD (C/U) A valid Region Type must be entered - it must be represented as a record key on the Region Type table. UPDATE (C/U) Region Type must be entered and it must be a record key on Region Type table.

		DOES NOT EXIST	
		REGION TYPE IS REQUIRED	
5	(REGION DATA) REGN Region Code (DE5249)	Edits: FOR AN INQUIRY: If entered, Region Code must be valid and resident as part of the record key (in addition to Region Type) for a record on the Region table (RF_REGION). If Region is entered, then Region Type must also be entered. FOR AN ADD: Region Code is not required, but if entered, it must not be a duplicate of a record key (in addition to Region Type) for a record on the Region table. If Region is entered, then Region Type must also be entered. FOR AN UPDATE: If entered, it must be valid and resident as part of the record key (in addition to Region Type) for a record on the Region table. If Region is entered, then Region Type must also be entered. Messages: INVALID REGION CODE IF REGION CODE IS ENTERED, YOU MUST ALSO ENTER REGION TYPE REGION ALREADY	Indicates the region under the organization to which the FIPS code belongs. INQUIRY (C/U) If entered, Region Code must be valid and resident as part of the record key (in addition to Region Type) for a record on the Region table. If Region is entered, then Region Type must also be entered. Indicates the region under the organization to which the FIPS code belongs. ADD (C/U) Region Code is not required, but if entered, it must not be a duplicate of a record key (in addition to Region Type) for a record on the Region table. If Region is entered, then Region Type must also be entered. UPDATE (C/U) If entered, it must be valid and resident as part of the record key (in addition to Region Type) for a record on the Region table. If Region is entered, then Region Type must also be entered.

		EXISTS	
6	(LOCALITY/REGION TYPE) REGION TYPE Region Type (DE5244)	Edits: FOR AN INQUIRY: If entered, it must be a valid Region Type Code for which there is a record on the Region Type table. If it is NOT entered, then Region and Locality Codes are not to be entered either, ELSE, an error. FOR AN ADD: It must be entered and be a valid Region Type Code for which there is a record on the Region Type table (RF_REGION_ TYPE). FOR AN UPDATE: If entered, it must be a valid Region Type Code for which there is a record on the Region Type table. Messages: INVALID REGION TYPE REGION TYPE DOES NOT EXIST IF REGION ENTERED, THEN REGION TYPE MUST BE ENTERED	Code representing the type of organ-ization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. INQUIRY (C/U) If entered, it must be a valid Region Type Code for which there is a record on the Region Type table. If it is NOT entered, then Region and Locality Codes are not to be entered either, ELSE, an error. Code representing the type of organ-ization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. ADD (C/U) It must be entered and be a valid Region Type Code for which there is a record on the Region Type table. UPDATE (C/U) If entered, it must be a valid Region Type Code for which there is a record on the Region Type table.
7	(LOCALITY/REGION TYPE) REGN Region Code (DE5249)	Edits: IF ENTERED, Region Type must have been entered. FOR AN INQUIRY: If entered, it must be a valid Region Code for which there is a	Indicates the region under the organ-ization to which the FIPS code belongs. INQUIRY (C/U) If ENTERED, Region Type must have been entered. It must be a valid Region Code for which there is a record on the Region table. If it is NOT entered, then Locality Code is not to be entered either,

		record on the Region table (RF_REGION). If it is NOT entered, then Locality Code is not to be entered either, ELSE, an error. FOR AN ADD: It must be entered and be a valid Region Code for which there is a record on the Region table. FOR AN UPDATE: If entered, it must be a valid Region Code for which there is a record on the Region Table. Messages: INVALID REGION CODE INVALID REGION TYPE AND REGION CODE IF REGION ENTERED, THEN REGION TYPE MUST ALSO BE ENTERED REGION CODE REQUIRED FOR ADD OR UPDATE	ELSE, an error. Indicates the region under the organization to which the FIPS code belongs. IF ENTERED, Region Type must have been entered. ADD (C/U) It must be entered and be a valid Region Code for which there is a record on the Region table. UPDATE (C/U) If entered, it must be a valid Region Code for which there is a record on the Region Table.
8	(LOCALITY/REGION TYPE) LOC MMIS Locality Code based on Postal Code (DE5254)	Edits: IF ENTERED, Region Type and Region must have been entered. FOR AN INQUIRY: If entered, it must be a valid Locality Code for which there is a record on the Locality table (RF_	Identifies the provider or enrollee city/-county locality. IF ENTERED, Region Type and Region must have been entered. INQUIRY (C/U) If entered, it must be a valid Locality Code for which there is a record on the Locality table. If entire record key is present (Region Type, Region, and Locality Codes), then a record must exist on the Locality Region Type table, ELSE, an

		LOCALITY). If entire record key is present (Region Type, Region, and Locality Codes), then a record must exist on the Locality Region Type table, ELSE, an error. FOR AN ADD: It must be entered and be a valid Locality Code for which there is a record on the Locality table. Region Type and Region are also required. There must be a valid Region Type record and a valid Region record. If entire record key is present (Region Type, Region, and Locality Codes), then it cannot be a duplic-ate of an existing record on the Local-ity/Region Type Table (RF_LOC_REGION_ TYPE). FOR AN UPDATE: If entered, it must be a valid Locality Code for which there is a row on the RF_ LOCALITY Table. Region Type and Region are also required. If entire record key is present (Region Type, Region, and Locality Codes), then a record must exist on the Locality Region Type table, ELSE, an error. Messages:	error. Identifies the provider or enrollee city/-county locality. ADD (C/U) It must be entered and be a valid Locality Code for which there is a record on the Locality table. Region Type and Region are also required. There must be a valid Region Type record and a valid Region record. If entire record key is present (Region Type, Region, and Locality Codes), then it cannot be a duplicate of an existing record on the Locality/Region Type Table. UPDATE (C/U) If entered, it must be a valid Locality Code for which there is a row on the RF_ LOCALITY Table. Region Type and Region are also required. If entire record key is present (Region Type, Region, and Locality Codes), then a record must exist on the Locality Region Type table, ELSE, an error.

		INVALID LOCALITY CODE	
		IF LOCALITY ENTERED, REGION TYPE & REGION MUST ALSO BE ENTERED	
		RECORD ALREADY EXISTS	
		RECORD DOES NOT EXIST	
		REGION TYPE RECORD DOES NOT EXIST	
		REGION RECORD DOES NOT EXIST	
9	ZIP CODES Locality Zip Codes (DE5259)	Edits: FOR AN INQUIRY: Although Zip Code is not required for INQUIRY, if it is entered, it must be numeric and be a valid Record ID for a record on the Zip Code table (RF_ZIP_CODE). FOR AN 'ADD': a valid Zip Code (numeric) must be entered, ELSE, SEND error message. Also, there cannot be a duplicate key. FOR AN UPDATE: a valid Zip Code residing on the Zip Code table must be entered, ELSE, SEND error message. Messages: INVALID ZIP CODE ZIP CODE REQUIRED FOR AN ADD OR UPDATE	Indicates valid zip code. INQUIRY (O/U) Although Zip Code is not required for INQUIRY, if it is entered, it must be numeric and be a valid Record ID for a record on the Zip Code table. Indicates valid zip code. ADD (O/U) A valid Zip Code (numeric) must be entered, ELSE, SEND error message. Also, there cannot be a duplicate key. UPDATE (O/U) A valid Zip Code residing on the Zip Code table must be entered, ELSE, SEND error message.

		ZIP CODE ALREADY EXISTS RECORD DOES NOT EXIST	
10	(CAPITATION) REGION TYPE/RATE TYPE Region Type (DE5244)	Edits: This field (RATE TYPE) must be valid and represent a record on the Region Type table. Messages: RATE TYPE ENTERED IS INVALID MUST ENTER RATE TYPE WHEN AID CATEGORY GROUP IS ENTERED	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. INQUIRY (R/U) This field (Rate Type) must be valid and represent a record the Region Type table. N/A
11	(CAPITATION) LOCALITY/AID CATEG Enrollee Eligibility Aid Category (DE3009)	Edits: For UPDATE & INQUIRY Processing Modes: If this field is completed by the user, then it must match an existing Locality Code on the RF_LOCALITY Table or an existing Aid Category Code on the Capitation table (RF_CAPITATION). For the ADD processing mode: This field must be completed. If LOCALITY DATA is Selected, then this field should NOT already exist on the RF_LOCALITY Table. If LOCALITY/REGION TYPE DATA is Selected, then there should be a Locality that	Also known as Money payment code, Recipient program designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS administered programs. The code is used to indicate whether the Enrollee must make a co-payment. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. INQUIRY (O/U) If this field is completed, then it must match an existing Locality Code table or an existing Aid Category Code on the Capitation table. N/A

		DOES exist on the RF_LOCALITY Table. If CAPITATION DATA is Selected, then a matching Aid Category must exist on the RF_SYS_PARAMETER Table.	
		Messages:	
		LOCALITY CODE DOES NOT EXIST	
		LOCALITY CODE IS INVALID	
		AID CATEGORY GROUP IS INVALID	

NAVIGATION	**FIPS Selection Menu (RF-S-012-01)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADD	FOR LOCALITY DATA: Branch to Locality Inquiry/Update screen. REGION TYPE DATA: Branch to Region Type Update/Directory screen. REGION DATA: Branch to Region Inquiry/Update screen. LOCALITY/REGION TYPE DATA: Branch to Locality/Region Type Update screen. ZIP CODES: Branch to Zip Code Update/Directory screen.	N/A
CHANGE	FOR LOCALITY DATA: Branch to Locality Inquiry/Update screen. REGION TYPE DATA: Branch to Region Type Update/Directory screen. REGION DATA: Branch to Region Inquiry/Update screen. LOCALITY/REGION TYPE DATA: Branch to Locality/Region Type Update screen. ZIP CODES: Branch to Zip Code Update/Directory screen.	N/A

ENTER	FOR LOCALITY DATA: Branch to Locality Inquiry/Update screen or Locality Directory screen.	N/A
	REGION TYPE DATA: Branch to Region Type Update/Directory screen.	
	REGION DATA: Branch to Region Inquiry/Update screen, Region Directory screen, or Region Type Update/Directory screen.	
	LOCALITY/REGION TYPE DATA: Branch to Locality/Region Type Update screen, Locality/Region Type Directory screen, or Region Type Update/Directory screen.	
	ZIP CODES: Branch to Zip Code Update/Directory screen.	
	CAPITATION (AID CATEGORY): Branch to Capitation Inquiry screen.	
SUB MENU	Return to Reference Subsystem Menu.	N/A
MAIN MENU	Return to System Main Menu.	N/A

Error Messages

Error	Description	Resolution
5153	A NON-NUMERIC ZIP CODE HAS BEEN ENTERED	Enter a valid ZIP code. See the Field Definitions for valid ZIP code specifications.
5028	AID CATEGORY GROUP IS INVALID	Information message.
5026	AID CATEGORY GROUP IS INVALID FOR RATE TYPE	Enter a valid Aid Category type. See the Field Definitions for valid aid category/rate type explanation.
5171	CANNOT ADD A REGION TO A NON-EXISTENT REGION TYPE	Information message.
5122	CANNOT UPDATE ZIP CODES	Information message.
95	CICS ERROR	Contact ACS Operations for assistance.
5014	CMD IS INVALID	Enter a valid Command. See the Field Definitions for valid Command specifications.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
98	FUNCTION SELECTED IS NOT VALID FOR THE USER MODE ENTERED	Information message.
5167	LOCALITY CODE DOES NOT EXIST	See the Field Definitions for valid locality code data/formatting and re-enter a locality code.
5208	LOCALITY CODE IS INVALID	Enter a valid Locality code. See the Field Definitions

		for valid data and formatting for this field.
5142	LOCALITY CODE REQUIRED FOR AN ADD	Information message.
90	MORE THAN ONE CMD SELECTED	Select only one Command and retry the task.
5235	MUST ENTER RATE TYPE WHEN AID CATEGORY GROUP IS ENTERED	Enter valid data and begin process again.
5209	RATE TYPE ENTERED IS INVALID	Enter a valid rate type.
5234	RATE TYPE/AID CATEGORY IS INVALID	Enter a valid Rate Type/Aid Category. See the Field Definitions for valid rate types and aid categories.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
5149	REGION AND REGION TYPE REQUIRED	Enter a region and type.
5210	REGION CODE IS INVALID	Enter a valid Region Code. See the Field Definitions for valid data/formatting.
5146	REGION TYPE AND REGION REQUIRED FOR AN ADD	Enter a region type and region, if necessary.
5170	REGION TYPE DOES NOT EXIST	Information message.
5148	REGION TYPE REQUIRED	Enter a region type.
5145	REGION TYPE REQUIRED	Enter a region type.
5143	REGION TYPE REQUIRED FOR AN ADD	Information message.
5150	REGION TYPE, REGION, AND LOCALITY REQUIRED FOR ADD	Information message.
5207	REGION TYPE/REGION ENTERED IS INVALID	Information message.
5027	UPDATE RATE TYPE AND AID CATEGORY GROUP RELATION TABLE IN THE PROGRAM	Move to the Group Relation table and update the Rate Type and Aid Category. See the Field Definitions for valid data/formatting for this field.
5151	ZIP CODE REQUIRED FOR AN ADD	Enter a valid ZIP Code
5152	ZIP CODE REQUIRED FOR UPDATE	Enter a valid ZIP Code

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Inquiry radio button in the Function field.

5. Choose Enter.

6. You see the Locality Selection Menu screen (RF-S-012-01).

Screens RF-S-012-02 Region Directory

General Information

The Region Directory screen presents a scrollable list of regions (for a Region Type) for display or selection. This screen is invoked from the FIPS Selection Menu (RF-S-012-01).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT220
MAPSET	RF220
TRAN ID	VS62 (Inquiry)

SAMPLE	Region Directory (RF-S-012-02)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REGION TYPE Region Type (DE5244)	Edits: N/A	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. N/A
2	NAME	Edits:	Indicates the name of the Region Type or organization.

	Region Type Name (DE5245)	N/A	N/A
3	EFFECTIVE BEGIN DATE Region Type Begin Date (DE5246)	Edits: N/A	Effective date of the Region Type. N/A
4	EFFECTIVE END DATE Region Type End Date (DE5247)	Edits: N/A	Ending date of the Region Type. N/A
5	CMD (DE0000)	Edits: Valid Values = 'X' Messages: VALID VALUE IS 'X'	The field used for selecting the Region Code which is being inquired. INQUIRY (O/U) Enter an 'X' for the code on which you wish the inquiry to be made, if the code was not entered in the Locality Menu. N/A
6	REGION Region Code (DE5249)	Edits: N/A	Indicates the region under the organization to which the FIPS code belongs. N/A
7	NAME Region Name (DE5250)	Edits: N/A	Indicates the name of the Region Code. N/A
8	EFFECTIVE BEGIN DATE Region Begin Date (DE5251)	Edits: N/A	Effective date of the Region Code. N/A
9	EFFECTIVE END DATE Region End Date (DE5252)	Edits: N/A	Ending date of the Region Code. N/A

NAVIGATION	Region Directory (RF-S-012-02)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous set of sequential Regions within current Region Type.	N/A
ENTER	Branch to Region Inquiry/Update screen with 'X' in CMD field.	N/A

SUB MENU	Return to Reference Subsystem Menu	N/A
SCROLL DOWN	Display next set of sequential Regions within current Region Type.	N/A
MAIN MENU	Returns to Main System Menu	N/A
RETURN	Return to previous screen.	N/A

Error Messages

Error	Description	Resolution
95	CICS ERROR	Contact ACS Operations for assistance.
5014	CMD IS INVALID	Enter a valid Command. See the Field Definitions for valid Command specifications.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
91	FUNCTION MODE IS INVALID; MUST BE ADD, CHANGE, OR INQUIRY	Choose either Add, change or inquiry function.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
90	MORE THAN ONE CMD SELECTED	Select only one Command and retry the task.
92	NO RECORD FOUND	Information message. No action needed.
5128	PLEASE MAKE A SELECTION	Information message.
94	TSQ ERROR	Information message.
96	USER NOT AUTHORIZED FOR THIS TRANSACTION	Information message. No action needed.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Inquiry radio button in the Function field.
5. Choose Enter.
6. You see the Locality Menu Inquiry screen (RF-S-012-01).
7. Select the Region Type Data field.
8. You see the Region Type/Update Directory screen (RF-S-012-09).
9. Enter a 'X' in the Cmd field beside the region type you wish to access.
10. Choose the Region Directory button.
11. You see the Region Directory screen (RF-S-012-02).

12. Or, select the Region Data field and enter a Region Type.
13. Choose Enter.
14. You see the Region Directory screen (RF-S-012-02).

Screens RF-S-012-03 Region Inquiry/Update

General Information

The Region Inquiry/Update screen presents a scrollable list of localities that are included in a specific region type and region. This screen is invoked by the FIPS Menu screen (RF-S-012-01) with the region type and region entered under 'Option 3' or by entering an 'X' and pressing ENTER on the Region Directory screen (RF-S-012-02).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT230
MAPSET	RF230
TRAN ID	VS63, (Inquiry), VS64 (Update), VS65 (Add)

SAMPLE	Region Inquiry/Update (RF-S-012-03)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REG TYPE Region Type (DE5244)	Edits: N/A. This field is retrieved from the COMMAREA.	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the

			State in a different way. System Displayed.
2	(REGION TYPE NAME) Region Type Name (DE5245)	Edits: N/A	Indicates the name of the Region Type or organization. Indicates the name of the Region Type or organization. System Displayed.
3	BEGIN DATE Region Type Begin Date (DE5246)	Edits: N/A	Effective date of the Region Type. Effective date of the Region Type. System Displayed.
4	END DATE Region Type End Date (DE5247)	Edits: N/A	Ending date of the Region Type. Ending date of the Region Type. System Displayed.
5	REGION Region Code (DE5249)	Edits: Region Code must be unique to the Region Type (DE5244); therefore, when ADDing a NEW Region, there cannot be a duplicate Region for 'this' Region Type. Messages: YOU ARE TRYING TO ADD A REGION THAT ALREADY EXISTS	Indicates the region under the organization to which the FIPS code belongs. Indicates the region under the organization to which the FIPS code belongs. Region Code must be unique to the Region Type. ADD (R/P) Enter the new Region Code for the Region Type. UPDATE (R/P) System Displayed.
6	(REGION NAME) Region Name (DE5250)	Edits: Must be greater than underscores or spaces when ADDing or UPDATing. Messages: REGION NAME IS REQUIRED	Indicates the name of the Region Code. Indicates the name of the Region Code. ADD (R/U) Enter the description of the added Region Code. UPDATE (R/U) Enter the description change of the Region Code.
7	BEGIN DATE Region Begin Date (DE5251)	Edits: When ADDing a NEW Region, Region Begin Date cannot be less than Region Type Begin Date (DE5246), nor	Effective date of the Region Code. Effective date of the Region Code. Must be in valid date format (mmddccyy). ADD (R/U) Enter the effective Region Code begin date. Date cannot be less than Region

		can it be equal to or greater than Region Type End Date (DE5247).	Type Begin Date, nor can it be equal to or greater than Region Type End Date.
		Region Begin Date cannot be UPDATEd. In UPDATE mode it should remain protected.	UPDATE (R/U)
			System Displayed.
		Messages:	
		INVALID DATE	
		REGION BEGIN DATE CANNOT BE LESS THAN REGION TYPE BEGIN DATE	
		REGION BEGIN DATE MUST BE LESS THAN REGION TYPE END DATE	
8	END DATE Region End Date (DE5252)	Edits: When ADDing a NEW Region or UPDATEing an existing Region row, Region End Date must: 1) pass basic date edit; 2) not be greater than the Region Type End Date (DE5247); 3) not be less than Region Type Begin Date (DE5246) or Region Begin Date (DE5251). If a Region End Date is a future date, then it may be UPDATEd so long as it passes the preceding edits. Messages: INVALID DATE	Ending date of the Region Code. Ending date of the Region Code. Must be in valid date format (mmddccyy). Region End Date must not be greater than the Region Type End Date or less than Region Type Begin Date or Region Begin Date. ADD (R/U) Enter the effective end date of the Region Code. UPDATE (R/U) Enter the change to the effective end date of the Region Code.

		REGION END DATE CANNOT BE EQUAL TO OR LESS THAN REGION TYPE BEGIN DATE	
		REGION END DATE CANNOT BE EQUAL TO OR LESS THAN REGION BEGIN DATE	
		REGION END DATE CANNOT BE GREATER THAN REGION TYPE END DATE	
9	END REASON CODE Region End Reason Code (DE5253)	Edits: Must be equal to a value located on the Global Code Value Table (GL_CODE_ VALUE). Use 67 as the I_REGION_ END_RNUM. This value, together with End Reason Code (R_REGION_END_ RVAL) entered form the key to validate against the GL_ CODE_VALUE table. Messages: INVALID END REASON CODE	Indicates the reason code for ending the Region Code. Indicates the reason code for ending the Region Code. Use the On-line HELP system to find valid codes. ADD (O/U) Enter the valid code for ending the Region Code. UPDATE (O/U) Enter the change valid code for ending the Region Code.
10	END REASON TEXT Region End Reason Text (DE5282)	Edits: N/A. For display purposes, this data is retrieved from GL_ CODE_VALUE table based on Region End Reason Code (DE5253). This data is moved from	Indicates the reason text for ending the Region Code. Indicates the reason text for ending the Region Code. System Displayed.

11	CMD (DE0000)	Edits: Valid Value = 'X' when ENTER Key depressed Messages: INVALID DATA	The field used for selecting the Region Code which is being inquired. INQUIRY (O/U) Enter a 'X' for the code on which you wish the inquiry to be made., if the code was not entered in the Locality Menu. The field used for selecting the Region Code which is being added or changed. ADD (O/U) Function is not available. UPDATE (O/U) Enter a 'U' for the Region Code on which you wish to change.
12	LOC MMIS Locality Code based on Postal Code (DE5254)	Edits: N/A. This field is retrieved from RF_REGION_LOC table.	Identifies the provider or enrollee city/-county locality. Identifies the provider or enrollee city/-county locality. System Displayed.
13	NAME/DESCRIPTION Locality Name (DE5255)	Edits: N/A. This field is moved from RF_LOCALITY Table.	The name of the locality corresponding to the Locality Code. The name of the locality corresponding to the Locality Code. System Displayed.
14	BEGIN DATE Locality Begin Date (DE5256)	Edits: N/A. This field is moved from RF_LOCALITY Table.	Effective date of the Locality Code. Effective date of the Locality Code. System Displayed.
15	END DATE Locality End Date (DE5257)	Edits: N/A. This field is moved from RF_LOCALITY Table.	Ending date of the Locality Code. Ending date of the Locality Code. System Displayed.

NAVIGATION	Region Inquiry/Update (RF-S-012-03)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scroll backward to display previous Region for this Region Type.	RF-S-001-06 ()
CLEAR REG	Region and any associated Locality data are cleared to make way for a NEW (ADD) Region.	N/A
ENTER	Perform Edits but do NOT Update row or ADD new row. Upon successful completion of edits, SEND	N/A

	map with message below.	
SUB MENU	Return to Reference Subsystem Menu.	N/A
SCROLL DOWN	Scroll forward to display next Region for this Region Type.	RF-S-001-04 ()
SCROLL UP	Scroll backward to display previous List of Localities for this Region.	N/A
FIPS DETAIL	Enter 'X' in CMD field beside Locality to Select and Branch to Locality Inquiry/Update screen (RF-S-012-05/RFT250).	N/A
FIPS DIR	Depress button with Space in CMD field to Branch to Locality Directory screen (RF-S-012-08).	RF-S-004 (B)
SCROLL DOWN	Scroll Forward to display next List of Localities for this Region.	N/A
MAIN MENU	Returns to Main System Menu	N/A
REGION DIR	User hits button to navigate to Region Directory screen/program (RS-S-012-02/RFT220).	N/A
RETURN	Return to Locality Menu (RF-S-012-01) or to the Region Directory screen (RF-S-012-02).	N/A
UPDT	UPDATE modified Region data or ADD new Region row to Region Table (RF_REGION).	N/A

Error Messages

Error	Description	Resolution
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid format-ting/date range.
95	CICS ERROR	Contact ACS Operations for assistance.
5269	CLEARFORM IS VALID IN ADD MODE ONLY	Change to the maintenance screen to com-plete this action.
5014	CMD IS INVALID	Enter a valid Command. See the Field Defin-itions for valid Command spe-

		cifications.
26	DATA ADDED	Information message. No action needed.
5161	DATA IS CORRECT YOU MAY NOW ADD THE RECORD.	Information message.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
27	DATA UPDATED	Information message. No action needed.
5044	END DATE CANNOT BE LESS THAN BEGIN DATE	Enter an end date falling after the begin date.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
93	ERROR ACCESSING DB2 TABLE	Contact ACS Operations for assistance.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5065	INVALID DATA	See the Field Definitions for valid data/-formatting for this field.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/-formatting for this field.
102	INVALID DB2 FORMAT FOR BEGIN OR END DATE	Contact ACS Operations for

		assistance.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
5157	LOCALITY DATA CANNOT BE ADDED WITH THIS SCREEN	Information message.
5158	LOCALITY DATA CANNOT BE UPDATED WITH THIS SCREEN	The Locality Code can only be updated from the maintenance screen.
90	MORE THAN ONE CMD SELECTED	Select only one Command and retry the task.
5236	NO LOCALITY TO VIEW OR UPDATE	Information message. No action needed.
101	NO PROCESSING ACTION INDICATED BY USER	Information message.
92	NO RECORD FOUND	Information message. No action needed.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
5159	REGION DESCRIPTION IS INVALID	Enter a valid Region Description. See the Field Definitions for valid data/formatting.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
96	USER NOT AUTHORIZED FOR THIS TRANSACTION	Information message. No action needed.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to com-

		plete this validation task.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Add or Update radio button in the Function field.
5. Choose Enter.
6. You see the Locality Menu Add or Update screen (RF-S-012-01).
7. Select the Region Data field.
8. Enter a Region Type/Rate Type and Region code.
9. Choose the Change or Add button, depending on the function you want.
10. You see the Region Inquiry/Update screen (RF-S-012-03).

Screens RF-S-012-04 FIPS/Region Type

General Information

The FIPS/Region Type screen presents data specific to a region type and locality. This screen is invoked by pressing the ENTER button on the FIPS Selection Menu screen (RF-S-012-01) with an 'X' in the SELECT box beside the FIPS/REGION TYPE DATA' with the Region Type, Region, and FIPS entered.   Screen RF-S-012-04 may also be selected by entering an 'X' beside the Region Type, Region, and Locality chosen and pressing the DETAIL button on the FIPS/Region Type Directory screen (RF-S-012-12).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT240
MAPSET	RF240VA
TRAN ID	VS67 (Inquiry), VS68 (Update), VS69 (Add)

SAMPLE	FIPS/Region Type (RF-S-012-04)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	LOCALITY CODE MMIS Locality Code based on Postal Code (DE5254)	Edits: N/A Messages: N/A	Identifies the provider or enrollee city/-county locality. Identifies the provider or enrollee city/-county locality. ADD (R/P) Code will be System Displayed and no entry necessary unless data is invalid. UPDATE (R/P)

			System Displayed.
2	(LOCALITY NAME) Locality Name (DE5255)	Edits: N/A. Value derived from Locality Table (RF_LOCALITY) Name field (DE5255). Messages: N/A	The name of the locality corresponding to the Locality Code. The name of the locality corresponding to the Locality Code. System Displayed.
3	REGION Region Code (DE5249)	Edits: N/A Messages: N/A	Indicates the region under the organization to which the FIPS code belongs. Indicates the region under the organization to which the FIPS code belongs. ADD (R/P) No entry necessary unless data is invalid. UPDATE (R/P) System Displayed.
4	(REGION NAME) Region Name (DE5250)	Edits: N/A. Derived from Region Table (RF_ REGION) Name field (DE5250). Messages: N/A	Indicates the name of the Region Code. Indicates the name of the Region Code. System Displayed.
5	REGION TYPE Region Type (DE5244)	Edits: N/A. Messages: N/A	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Use the On-line HELP system to find the valid codes for the field. ADD (R/P) No entry is necessary unless data is invalid. System Displayed. UPDATE (R/P) System Displayed.
6	(REGION TYPE NAME)	Edits:	Indicates the name of the Region Type or organization.

	Region Type Name (DE5245)	N/A. Derived from Region Type Table (RF_REGION_ TYPE) Name field (DE5245). Messages: N/A	Indicates the name of the Region Type or organization. System Displayed.
7	(EFFECTIVE DATES) BEGIN Locality/Region Type Begin Date (DE5490)	Edits: All dates must pass basic date edit. For an ADD or UPDATE: - Date may be prior, current, of future date. - Date may NOT be prior to Begin Dates for Region Type, Region, or Locality - whichever is most recent (e.g., if Region has most recent Begin Date, then Locality/Region Type Begin Date may NOT be prior to that date). - Date may NOT be AFTER End Dates for Region Type, Region, or Locality - whichever is earliest (e.g., if Locality has earliest End Date, then Locality/Region Type Begin Date may NOT be AFTER that date). For an UPDATE: - Date may NOT be greater than Locality/Region Type End Date, if present. Messages: 'INVALID DATE'	Effective Begin Date for this Locality/Region Type (Region Type, Region, Locality). Effective Begin Date for this Locality/Region Type (Region Type, Region, Locality). Must be in valid date format (mmddccyy). For an ADD or UPDATE: - Date may be prior, current, of future date. - Date may NOT be prior to Begin Dates for Region Type, Region, or Locality - whichever is most recent (e.g., if Region has most recent Begin Date, then Locality/Region Type Begin Date may NOT be prior to that date). - Date may NOT be AFTER End Dates for Region Type, Region, or Locality - whichever is earliest (e.g., if Locality has earliest End Date, then Locality/Region Type Begin Date may NOT be AFTER that date). ADD (R/U) Enter the Locality/Region Type effective begin date. UPDATE (R/U) Enter the change to the Locality/Region Type effective date. Date may NOT be greater than Locality/Region Type End Date, if present.

		'BEGIN DATE MAY NOT BE GREATER THAN END DATE' 'DATE IS PRIOR TO EARLIEST BEGIN DATE FOR REGION, TYPE, OR LOCALITY' 'DATE IS AFTER EARLIEST END DATE FOR REGION, TYPE, OR LOCALITY'	
8	(EFFECTIVE DATES) END Locality/Region Type End Date (DE5491)	Edits: All dates must pass basic date edit. For an ADD or UPDATE: - Date may NOT be less than Local-ity/Region Type Begin Date. - Date may be prior, current, future date, nulls. - Date may NOT be prior to Begin Dates for Region Type, Region, or Locality - whichever is earliest (e.g., if Region has earliest Begin Date, then Locality/Region Type End Date may NOT be prior to that date). - Date may NOT be AFTER End Dates for Region Type, Region, or Locality - whichever is earliest (e.g., if Locality has earliest End Date, then Locality/Region Type End Date may	End Date for this Locality/Region Type (Region Type, Region, Locality). End Date for this Locality/Region Type (Region Type, Region, Locality). Must be in valid date format (mmddccyy). For an ADD or UPDATE: - Date may NOT be less than Local-ity/Region Type Begin Date. - Date may be prior, current, future date, nulls. - Date may NOT be prior to Begin Dates for Region Type, Region, or Locality - whichever is earliest (e.g., if Region has earliest Begin Date, then Locality/Region Type End Date may NOT be prior to that date). - Date may NOT be AFTER End Dates for Region Type, Region, or Locality - whichever is earliest (e.g., if Locality has earliest End Date, then Locality/Region Type End Date may NOT be AFTER that date). ADD (O/U) Enter the ending date of the Local-ity/Region Type. UPDATE (O/U) Enter the change to the ending date of the Locality/Region Type.

		NOT be AFTER that date). Messages: INVALID DATE' 'END DATE MAY NOT BE LESS THAN BEGIN DATE' 'DATE IS PRIOR TO EARLIEST END DATE FOR REGION, TYPE, OR LOCALITY' 'DATE IS AFTER LATEST END DATE FOR REGION, TYPE, OR LOCALITY'	
9	STATUS CODE Locality Region Type Status Code (DE5271)	Edits: Domain = P - Proposed; E - Enrolled; N - New Messages: INVALID TYPE STATUS CODE	Indicates the enrollment status of the Locality Code under the Region Type. Indicates the enrollment status of the Locality Code under the Region Type. Valid codes are: P= Proposed, E = Enrolled and N = New. ADD (R/U) Enter the valid enrollment status code for the Locality. UPDATE (R/U) Enter the change to the enrollment status code for the Locality.
10	STATUS BEGIN (DATE) Locality Region Type Status Begin Date (DE5272)	Edits: Must pass basic date edit. Messages: INVALID DATE	Indicates the date from which the status of the Locality Code is 'Proposed', 'New' or 'Enrolled'. Indicates the date from which the status of the Locality Code is 'Proposed', 'New' or 'Enrolled'. Must be in valid date format (mmddccyy). ADD (R/P) Enter the date for which the status of the Locality Code begins. UPDATE (R/P) Enter the change to the date for which the status of the Locality Code begins.

11	PRE-ASSIGN Locality Region Type Pre-assignment Indicator (DE5448)	Edits: Pre Assignment domain to be determined. Default is Space. Messages: INVALID DATA	An indicator that identifies by FIPS Code, whether Managed Care pre-assignment will be done by Claims History processing only, or by Random processing, which includes Claims History. An indicator that identifies by FIPS Code, whether Managed Care pre-assignment will be done by Claims History processing only, or by Random processing, which includes Claims History. Pre Assignment domain to be determined. Default is Space. ADD (O/U) Enter the valid Pre-Assignment indicator. UPDATE (O/U) Enter the change to the Pre-Assignment indicator.
12	END REASON Region Type Locality End Reason (DE5492)	Edits: Domain values other than 000 to be determined. Default is 000. Messages: INVALID DATA	Indicates the reason code for ending the Region Type. Indicates the reason code for ending the Region Type. Domain values to be determined. Default is Spaces. ADD (O/U) Enter the valid reason code for ending the Region Type. UPDATE (O/U) Enter the change to the reason code for ending the Region Type.
13	(REGION TYPE END REASON TEXT) Region Type End Reason Text (DE5281)	Edits: This text field will be gotten from the field in the GL_CODE_VALUE Table that corresponds to the value in END REASON on the screen. Messages: N/A	Indicates the reason text for ending the Region Type. Indicates the reason text for ending the Region Type. System Displayed.
14	NAME Locality Region Type Address Name (DE5264)	Edits: If entered for an ADD or UPDATE, must be greater than spaces	Contains the Locality Code and Locality Name for DSS Regional, State Institution, DSS/DMAS Report Distribution offices; 'DMAS' for DMAS; and the Locality Name for Health Department offices.

		or underscores. Messages: INVALID DATA	Contains the Locality Code and Locality Name for DSS Regional, State Institution, DSS/DMAS Report Distribution offices; 'DMAS' for DMAS; and the Locality Name for Health Department offices. If entered for an ADD or UPDATE, must be greater than spaces or underscores. ADD (R/U) Enter the name of the Locality Region Type. UPDATE (R/U) Enter the change to the name of the Locality Region Type.
15	ATTENTION Locality Region Type Additional Address Name (DE5265)	Edits: If entered, must be greater than spaces or underscores. Messages: INVALID DATA	Contains street information or department/division name of the address data. Contains street information or department/division name of the address data. If entered, must be greater than spaces or underscores. ADD (O/U) Enter the street, department or division name for the address data. UPDATE (O/U) Enter the change to the street, department or division name for the address data.
16	ADDRESS Locality Region Type Street Address (DE5266)	Edits: If entered, must be greater than spaces or underscores. Messages: INVALID DATA	Contains additional street information of the address data. Contains additional street information of the address data. If entered, must be greater than spaces or underscores. ADD (O/U) Enter the additional street information of the address data. UPDATE (O/U) Enter the change to the additional street information of the address data.
17	CITY Locality Region Type City Name (DE5267)	Edits: If entered, must be greater than spaces or underscores. Messages: INVALID DATA	Indicates the city in which the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office is located. Indicates the city in which the DSS Regional, State Institution, DMAS, Health

			Department or DSS/DMAS Report Distribution office is located. If entered, must be greater than spaces or underscores.
			ADD (O/U)
			Enter the city for the Locality Region Type.
			UPDATE (O/U)
			Enter the change to the city for the Locality Region Type.
18	STATE Locality Region Type State Code (DE5268)	Edits: If entered, must be equal to 'VA'. Messages: INVALID DATA	Indicates the state in which the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office is located. Indicates the state in which the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office is located. If entered, must be equal to 'VA'. ADD (O/U) Enter the state code for the Locality Region Type. UPDATE (O/U) Enter the change to the state code for the Locality Region Type.
19	ZIP Locality Region Type Zip Code (DE5269)	Edits: If entered, must be equal to an entry (all 9 characters) on the Zip Code Table (RF_ ZIP_CODES). Messages: INVALID DATA	Indicates the zip code of the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office. Indicates the zip code of the DSS Regional, State Institution, DMAS, Health Department or DSS/DMAS Report Distribution office. If entered, must be equal to an entry (all 9 characters) on the Zip Code Table. ADD(O/U) Enter the zip code for the Locality Region Type. UPDATE (O/U) Enter the change to the zip code for the Locality Region Type.
20	MANAGEMENT FEE Locality Region Type Management Fee	Edits: For an ADD or UPDATE, if entered, must be valid dollars	The administrative fee paid to a provider on a monthly basis for managing the care of a Medallion or CMM enrollee (the fee is paid per enrollee). If a Provider has three Medallion enrollees assigned to them, three times

	(DE5449)	and cents value. Default is 000.00. Maximum value is 999.99. A decimal point (.) may be entered to separate dollars and cents. Messages: INVALID DATA	the fee amount is paid to the provider per month. The administrative fee paid to a provider on a monthly basis for managing the care of a Medallion or CMM enrollee (the fee is paid per enrollee). If a Provider has three Medallion enrollees assigned to them, three times the fee amount is paid to the provider per month. If entered, must be valid dollars and cents value. Default is 000.00. Maximum value is 999.99. A decimal point (.) may be entered to separate dollars and cents. ADD (O/U) Enter the administrative fee paid to a provider. UPDATE (O/U) Enter the change to the administrative fee paid to a provider.
21	(MANAGEMENT FEE BEGIN DATE) Locality Region Type Management Fee Begin Date (DE5450)	Edits: For ADD: - Must pass basic date edit. Required if Management Fee (DE5449) entered. - Must NOT be less than Locality/Region Type Begin Date nor greater than Locality/Region Type End Date if that date is NOT NULL. - Date may NOT be less than the Management Fee End Date for the current or most recent Management Fee row. For UPDATE: - Begin Date MAY be UPDATEd. - New Begin Date may be > or = Current Begin Date. New Begin Date may NOT	Beginning date of Management Fee. Beginning date of Management Fee. Must be in valid format (mmddccyy). ADD (C/U) Enter the date on which the Management Fee is to begin. - Required if Management Fee (DE5449) entered. - Must NOT be less than Locality/Region Type Begin Date nor greater than Locality/Region Type End Date if that date is NOT NULL. - Date may NOT be less than the Management Fee End Date for the current or most recent Management Fee row. UPDATE (C/U) Enter the change to the date on which the Management Fee is to begin. - Begin Date may NOT be changed.

		be < current Begin Date. Messages: INVALID DATE	
22	(MANAGEMENT FEE END DATE) Locality Region Type Management Fee End Date (DE5451)	Edits: For ADD: - If entered, must pass basic date edit (date may be left as nulls). - Must NOT be less than Management Fee Begin Date. - Date can be a prior, current, future date, or null. - Date must NOT be > Locality/Region Type End Date if that date is NOT null. For UPDATE: - Date may NOT be less than Man- agement Begin Date. - Date may NOT be greater than Local- ity/Region Type End Date. - Date may be a prior, current, future date, or null. Messages: INVALID DATE	Ending date of Management Fee. Ending date of Management Fee. Must be in valid date format (mmddccyy). If Date is (null OR not null) AND Region Type, Region, or Locality End Date is NOT null, then Mgt Fee End Date MUST be =< Region Type, Region, or Locality End Date. ADD (C/U) Enter the date on which the Management Fee is to end. - Must NOT be less than Management Fee Begin Date. - Date can be a prior, current, or future date. UPDATE (C/U) Enter the change to the date on which the Management Fee is to end. - Date may NOT be less than Management Begin Date. - Date may NOT be greater than Local- ity/Region Type End Date. - Date may be a prior, current, or future date.
23	PHONE Locality Phone No (DE5270)	Edits: Valid phone number is displayed, if exists. The entry of a valid phone number is required on an add or update. Messages: Locality Phone Num-	Valid phone number is displayed, if exists. The entry of a valid phone number is required on an add or update. Add/Update (R).

		ber	

NAVIGATION	**FIPS/Region Type (RF-S-012-04)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADJACENT FIPS	Navigate to the Region Type Adjacent/Extended Locality program (RFT297).	RF-S-012-11 (B)
SCROLL UP	Display previous sequential Locality Region Type record. If in ADD processing mode, change to INQUIRY.	N/A
CLEARFORM	Produces a blank line at top of screen for adding new Locality Code, Region and Region Type.	N/A
ENTER	UPDATE existing record or ADD new Locality Region Type. Only allowed when coming directly from Locality Selection Menu.	N/A
SUB MENU	Return to Reference Subsystem Menu (RFT001)	RF-S-004 (R)
EXTENDED FIPS	Navigate to the Region Type Adjacent/Extended Locality program (RFT297).	RF-S-012-11 (B)
SCROLL DOWN	Display next sequential Locality Region Type record. If in ADD processing mode, change to INQUIRY.	N/A
MAIN MENU SYSTEM MENU	Return to Main System Menu	RF-S-010 (R)
REFRESH	Data is re-populated on the screen.	N/A
RETURN	Return to invoking program (Locality Menu (RFT210) or Locality/Region Type Directory (RFT298)).	N/A
UPDATE	Modified (Added) data is edited again. If no errors, then record is Updated or Added.	N/A
ZIP GROUP	Navigate to Locality Zip Group (RFT270).	RF-S-012-07 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5269	CLEARFORM IS VALID IN ADD MODE ONLY	Change to the maintenance screen to complete this action.
26	DATA ADDED	Informational message. No action needed.
5031	DATA DISPLAYED	Informational message. No action needed.
5160	DATA IS CORRECT YOU MAY	Informational message.

	NOW UPDATE THE RECORD.	
2	DATA NOT CHANGED	Informational message. No action needed.
68	DATA REFRESHED	Informational message.
5261	DATE IS AFTER EARLIEST END DATE FOR REGION, TYPE, OR LOCALITY	Enter a date that falls before the earliest end date for region, type or locality.
5017	DATE IS INVALID	Enter a valid date. See the Field Definitions for specifications on the date to be entered.
5260	DATE IS PRIOR TO LATEST BEGIN DATE FOR REGION, TYPE, OR LOCALITY	Enter a date that falls after the latest begin date for region, type or locality. See the Field Definitions for specifications on the date to be entered.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
5252	DOLLARS AND CENTS VALUE IS INVALID	Research and change the data entered. See the Field Definitions for specifications on valid data for the field.
3	DUPLICATE RECORD; NOT INSERTED	Informational message. No action needed.
5060	ENTER DATA TO BE ADDED	Enter the data to be added and choose Enter.
5054	ENTER KEY IN INQUIRY MODE	The button chosen cannot complete the task. Switch to the maintenance screen to complete the task.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Informational message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5065	INVALID DATA	See the Field Definitions for valid data/formatting for this field.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Informational message. No action needed.
5375	NEW BEGIN DATE LESS THAN END DATE	Enter a New Begin date that falls before the end date.
17	NEXT PAGE DATA IS DISPLAYED	Informational message. No action needed.
5240	NO REGION/LOC ROWS PRESENT	Informational message. No action needed.
20	PREVIOUS PAGE DATA IS DISPLAYED	Informational message. No action needed.
5063	RECORD ALREADY EXISTS	Informational message. No action needed.
24	RECORD FOR UPDATE NOT FOUND	Informational message. No action needed.
25	RECORD UPDATED	Informational message. No action needed.

5263	THERE MUST BE A VALID LOCALITY/REGION TYPE RECORD DISPLAYED	Check the Field Definitions for valid Locality/Region type records and re-enter the data.
5251	TYPE STATUS CODE IS INVALID	Enter a valid type status code.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Add or Update radio button in the Function field.
5. Choose Enter.
6. You see the Locality Menu Add or Update screen (RF-S-012-01).
7. Select the Locality/Region Type Data field.
8. Enter a Region Type/Rate Type, Region Code, and Locality Code.
9. Choose the Change or Add button, depending on the function you want.
10. You see the Locality/Region Type screen (RF-S-012-04).

Screens RF-S-012-05 FIPS Inquiry/Update

General Information

The FIPS Inquiry/Update screen presents data specific to a locality. This screen is invoked by the FIPS Selection Menu (RFT210, by the Region Inquiry/Update program (RFT230), or by the FIPS Directory program (RFT280).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT250
MAPSET	RF250VA
TRAN ID	VS71 (Inquiry), VS72 (Update/Delete), VS73 (Add)

SAMPLE	FIPS Inquiry/Update (RF-S-012-05)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CMD (DE0000)	Edits: Valid Values are 'A', 'B', or 'C'. Messages: INVALID COMMAND	'EXCLUDE' 'EXCLUDE'
2	LOC CODE MMIS Locality Code	Edits:	Identifies the provider or enrollee city/-county locality.

	based on Postal Code (DE5254)	This field is usually protected on screen. However, in the ADD Mode, when the screen is cleared for a NEW Locality to be entered, Locality Code will be unprotected. The data must be numeric and cannot represent a Locality Code already present on the Locality Table. Messages: 'LOCALITY CODE MUST BE NUMERIC' 'LOCALITY ALREADY EXISTS'	Identifies the provider or enrollee city/-county locality. System Displayed. This field is usually protected on screen. However, in the ADD Mode, when the screen is cleared for a NEW Locality to be entered, Locality Code will be unprotected. The data must be numeric and cannot represent a Locality Code already present on the Locality Table.
3	DESCRIPTION Locality Name (DE5255)	Edits: Must be greater than underscores. Messages: 'INVALID DATA'	The name of the locality corresponding to the Locality Code. The name of the locality corresponding to the Locality Code. ADD (R/U) Enter the name which corresponds to the Locality Code. Must be greater than underscores. UPDATE (R/U) Enter the name change which corresponds to the Locality Code. Must be greater than underscores.
4	BEGIN DATE Locality Begin Date (DE5256)	Edits: Must pass basic date edit. Messages: 'INVALID DATE'	Effective date of the Locality Code. Effective date of the Locality Code. Must be in valid format (mmddccyy). ADD (R/U) Enter the Locality Code effective date. UPDATE (R/U) Enter the change to the Locality Code effective date.
5	END DATE Locality End Date (DE5257)	Edits: Must pass basic date edit. Date cannot be	Ending date of the Locality Code. Ending date of the Locality Code. Must be in valid date format (mmddccyy), if entered.

		= or < Begin Date. Messages: 'INVALID DATE'	Date cannot be equal or less than the Begin Date. ADD (O/U) Enter the Locality Code ending date. UPDATE (O/U) Enter the change to the Locality Code ending date.
6	END REASON CODE Locality End Reason Code (DE5258)	Edits: If entered, must be equal to a value located on the GL_CODE_VALUE Table (CNUM = 66 plus the value entered form the Key to this table). Messages: 'INVALID DATA'	Indicates the reason code for ending the Locality Code. Indicates the reason code for ending the Locality Code. Use the On-line HELP system to find valid codes. ADD (O/U) Enter the reason code for ending the Locality Code. UPDATE (O/U) Enter the change to the reason code for ending the Locality Code.
7	END REASON DESCRIPTION Locality End Reason Text (DE5283)	Edits: This data is retrieved from the Description column on the GL_CODE_VALUE Table when there is a match found for the value entered in End Reason Code in the map. When the default of '000' is placed in End Reason Code by the program because that field was ignored by the user in an ADD situation, the End Reason Description should remain SPACES on the map. Messages: N/A	Indicates the reason text for ending the Locality Code. Indicates the reason text for ending the Locality Code. System Displayed.
8	SIZE IND Locality Size Code	Edits: If entered, must be	Indicates the population of the city/county. It represents the Standard of Assistance

	(DE5260)	equal to ' ', '1', '2', or '3'. The default is SPACE (' ') if the user ignores this field when ADDing a new Locality. Messages: 'INVALID DATA'	Group which indicates the income level range used in determining eligibility for assistance. Indicates the population of the city/county. It represents the Standard of Assistance Group which indicates the income level range used in determining eligibility for assistance. ADD (O/U) Enter the locality size code. If entered, must be equal to ' ', '1', '2', or '3'. The default is SPACE (' ') if adding a new Locality. UPDATE (O/U) Enter the change to the locality size code.
9	INCOME LEVEL Locality Income Level Code (DE5280)	Edits: Default is SPACE. Otherwise, accept what the user enters. Messages: N/A	Indicates the income level of the Locality Code. Indicates the income level of the Locality Code. Refer to the On-line HELP system for valid codes. ADD (R/P) Enter the locality income level code. UPDATE (R/P) Enter the change to the locality income level code.
10	ZIP CODES Locality Zip Codes (DE5259)	Edits: Populated Zip Code fields will be protected. Unpopulated fields will be unprotected. New Zip Codes must match a Zip Code on the Zip Code table. Messages: INVALID ZIP CODE	Indicates valid 9 byte zip codes. Indicates valid 9 byte zip codes. ADD (O/P) Enter the zip code you wish to populate. New zip codes must match a zip code on the Zip Code table. UPDATE (O/P) Enter the zip code you wish to populate. New zip codes must match a zip code on the Zip Code table. If zip code is entered in error, space out the data. Press either the ENTER or UPDATE button and the message 'CHOOSE UPDATE TO CONFIRM DELETE' is displayed. Press UPDATE again and the record is deleted.

NAVIGATION	FIPS Inquiry/Update (RF-S-012-05)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADJACENT FIPS	Navigate to Physically Adjacent Localities Screen.	N/A
SCROLL UP	Display previous Locality record.	N/A
SCROLL UP ZIPS	Scroll backward to display the previous page of sequential Zip Codes	N/A
CLEAR FORM	Produces a blank line at top of screen for Adding new Locality data.	RF-S-017-01 ()
ENTER	Validate data entered on screen for ADDs or UPDATEs. NO Updates take place.	N/A
SUB MENU	Return to the Reference Subsystem Menu.	N/A
EXTENDED FIPS	Navigate to Physically Extended Localities Screen.	N/A
SCROLL DOWN	Display next sequential Locality row.	N/A
SCROLL DOWN ZIPS	Scroll forward to display the next page of sequential Zip Codes	N/A
MAIN MENU	Returns to the Main Subsystem Menu.	N/A
REFRESH	Rereads and displays the most current data on the screen.	RF-S-017-01 ()
RETURN	Return to previous screen invoking program.	N/A
UPDT	Update of Locality Table for ADDs and UPDATEs when edits are passed.	N/A
ZIP SELECT	Navigate to Select Zip Code Screen.	N/A

Error Messages

Error	Description	Resolution
5153	A NON-NUMERIC ZIP CODE HAS BEEN ENTERED	Enter a valid ZIP code. See the Field Definitions for valid ZIP code specifications.
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5122	CANNOT UPDATE ZIP CODES	Information message.

147	CHOOSE UPDATE TO CONFIRM DELETE	Information message.
5324	CLEAR FORM BEFORE ADDING NEW RECORD	Information message. No action needed.
5269	CLEARFORM IS VALID IN ADD MODE ONLY	Change to the maintenance screen to complete this action.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
5161	DATA IS CORRECT YOU MAY NOW ADD THE RECORD.	Information message.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
5044	END DATE CANNOT BE LESS THAN BEGIN DATE	Enter an end date falling after the begin date.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5274	FIRST LOCALITY ALREADY BEING DISPLAYED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/formatting for this field.
5275	LAST LOCALITY ALREADY BEING DISPLAYED	Information message. No action needed.
5206	LOCALITY CODE ALREADY EXISTS	Information message. No action needed.
5208	LOCALITY CODE IS INVALID	Enter a valid Locality code. See the Field Definitions for valid data and formatting for this field.
5205	LOCALITY DESCRIPTION IS INVALID	Information message.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
48	RECORD DELETED	Information message. No action needed.
23	RECORD INSERTED	Information message.
25	RECORD UPDATED	Information message. No action needed.
148	RECORD(S) ADDED AND DELETED	Information message.
94	TSQ ERROR	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN	Switch to the maintenance screen to complete

	INQUIRY MODE	this validation task.
5123	ZIP CODE DOES NOT EXIST	The ZIP code entered does not exist. Research the Field Definitions to check for valid data/-formatting.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Main Menu (RF-S-004).

3. Select Locality Menu from the drop-menu in the Other box.

4. Choose the Add or Update radio button in the Function field.

5. Choose Enter.

6. You see the Locality Menu Add or Update screen (RF-S-012-01).

7. Select the Locality Data field.

8. Enter a Locality/Aid Category code.

9. Choose the Change or Add button, depending on the function you want.

10. You see the Locality Inquiry/Update screen (RF-S-012-05).

Screens RF-S-012-06 Zip Code Update/Directory

General Information

The Zip Code Update/Directory screen (RF-S-012-06) presents a scrollable list of zip codes for selection. This screen is invoked by the FIPS Menu (RFT210), the FIPS Inquiry/Update (RFT250), or by the Locality Zip Group (RFT270).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT260
MAPSET	RF260
TRAN ID	VS75 (Inquiry), VS76 (Create), VS77 (Add)

SAMPLE	**Zip Code Update/Directory (RF-S-012-06)**

Field Definitions

#	GSD Field Name / Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CMD (DE0000)	Edits: Valid values for processing are 'A' for ADDing a new Zip Code and 'B' which calls for a blank line with which to ADD a new Zip Code. Messages:	The code which indicates the option to be performed for the selected Zip Code. INQUIRY (O/U) Enter an 'X' next to the zip code which you wish to inquire on. The code which indicates the option to be performed for the selected Zip Code. ADD (O/U) Enter an 'A' in the first field for adding a new

		INVALID CMD VALUE	Zip Code or 'B' which calls for a blank line with which to add a new Zip Code.
2	(ZIP CODE) Locality Zip Codes (DE5259)	Edits: For an ADD, must be numeric and not be a duplicate of a Zip Code on RF-F-028. Messages: INVALID ZIP CODE ZIP CODE ALREADY EXISTS	Indicates valid 9 byte zip codes. Indicates valid 9 byte zip codes. ADD (R/P) Enter a valid Zip Code; must be numeric and not be a duplicate.
3	BEGIN AT (DE0000)	Edits: Starting value of next or previous set of Zip Codes when BKWD or FRWD buttons depressed. Must be numeric. Messages: BEGIN-AT FIELD NOT NUMERIC	Starting value of next or previous set of Zip Codes when BKWD or FRWD buttons depressed. INQUIRY (O/U) Enter the numeric starting Zip Code in which you wish your inquiry to start. Starting value of next or previous set of Zip Codes when BKWD or FRWD buttons depressed. ADD (O/U) Enter the numeric Zip Code in which you wish your wish to begin adding.

NAVIGATION	Zip Code Update/Directory (RF-S-012-06)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous sequential set of Zip Codes.	N/A
ENTER	Add a Zip Code: 'A' in 'CMD' field & Enter. 'B' in CMD field & ENTER for blank line.	N/A
SUB MENU	Return to Reference Subsystem Menu screen.	N/A
SCROLL DOWN	Display next sequential set of Zip Codes.	N/A
MAIN MENU	Returns to Main System Menu	N/A
RETURN	Return to previous screen (Locality Menu, Locality Inquiry/Update, or Zip Group screen). Return any selected Zip Codes (DE5259).	TP-S-001 (R)
UPDATE	If all modified data is correct, the record is Updated in the case of an existing record or Added in the case of a new record.	N/A

Error Messages

Error	Description	Resolution
5153	A NON-NUMERIC ZIP CODE HAS BEEN ENTERED	Enter a valid ZIP code. See the Field Definitions for valid ZIP code specifications.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
5014	CMD IS INVALID	Enter a valid Command. See the Field Definitions for valid Command specifications.
5072	COMMAND INVALID IN INQUIRY AND CHANGE MODES	Switch to the maintenance screen to complete this task.
5161	DATA IS CORRECT YOU MAY NOW ADD THE RECORD.	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5163	MUST REQUEST A BLANK SCREEN BEFORE ADDING DATA	Information message. No action needed.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
23	RECORD INSERTED	Information message.
94	TSQ ERROR	Information message.
5215	VALIDATION ACTION IS NOT VALID IN INQUIRY AND UPDATE MODES	Change to the proper mode and reenter parameters.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Add or Update radio button in the Function field.
5. Choose Enter.
6. You see the Locality Menu Add or Update screen (RF-S-012-01).
7. Select the Zip Codes field.
8. Enter a ZIP Code in the field, if available.
9. Choose the Change or Add button, depending on what you want to do.
10. You see the ZIP Code Update/Directory screen (RF-S-012-06).

Screens RF-S-012-07 FIPS Zip Group

General Information

The Zip Group screen presents a scrollable list of FIPS by Zip Group for selection. This screen is invoked by pressing the ZIP GROUP button on the FIPS / Region Type screen (RF-S-012-04).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT270
MAPSET	RF270
TRAN ID	VS79 (Inquiry), VS80 (Create), VS81 (Add), VS82 (Delete)

SAMPLE	FIPS Zip Group (RF-S-012-07)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REG TYPE Region Type (DE5244)	Edits: N/A. This field is moved from the Locality/Region Type Table (RF_REGION_LOC).	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different

			way. System Displayed.
2	(REGION TYPE NAME) Region Type Name (DE5245)	Edits: N/A. This field is moved from the Region Type Table (RF_REGION_TYPE)	Indicates the name of the Region Type or organization. Indicates the name of the Region Type or organization. System Displayed.
3	REGION Region Code (DE5249)	Edits: N/A. This field is moved from the Locality/Region Type Table (RF_REGION_LOC).	Indicates the region under the organization to which the FIPS code belongs. Indicates the region under the organization to which the FIPS code belongs. System Displayed.
4	(REGION NAME) Region Name (DE5250)	Edits: N/A. This field is moved from the Region Table (RF_REGION).	Indicates the name of the Region Code. Indicates the name of the Region Code. System Displayed.
5	LOC CODE MMIS Locality Code based on Postal Code (DE5254)	Edits: N/A. This field is moved from the Locality/Region Type Table (RF_REGION_LOC).	Identifies the provider or enrollee city/-county locality. Identifies the provider or enrollee city/-county locality. System Displayed.
6	(LOCALITY NAME) Locality Name (DE5255)	Edits: N/A	The name of the locality corresponding to the Locality Code. The name of the locality corresponding to the Locality Code. System Displayed.
7	LOCALITY/REGION TYPE BEGIN Locality/Region Type Begin Date (DE5490)	Edits: N/A This field is moved from the Locality/Region Type Table (RF_REGION_LOC).	Effective Begin Date for this Locality/Region Type (Region Type, Region, Locality). Effective Begin Date for this Locality/Region Type (Region Type, Region, Locality). System Displayed.
8	LOCALITY/REG TYPE END Locality/Region Type End Date (DE5491)	Edits: N/A This field is moved from the Locality/Region Type Table (RF_REGION_LOC).	End Date for this Locality/Region Type (Region Type, Region, Locality). End Date for this Locality/Region Type (Region Type, Region, Locality). System Displayed.
9	ZIP GROUP Locality Region Type Zip Groups (DE5279)	Edits: For a NEW Zip Group: Must be	Used in the pre-assignment process to assign a recipient or provider based on spe-cified zip codes for that county. The zip

		numeric. Cannot be a duplicate of existing Zip Group. Messages: INVALID DATA	codes may or may not be within the county but may be adjacent. Used in the pre-assignment process to assign a recipient or provider based on specified zip codes for that county. The zip codes may or may not be within the county but may be adjacent. System Displayed.
10	(ZIP GROUP) BEGIN Zip Group Effective Begin Date (DE5493)	Edits: Must pass valid date edits. This date may NOT be less than Locality/Region Type Begin Date (DE5490) in RF_REGION_LOC. This date also may NOT be greater than Locality/Region Type End Date (DE5491) in RF_REGION_LOC. ZIP GROUP Begin Date cannot be > ZIP GROUP End Date. In UPDATE & ADD modes, all the above edits apply. Begin Date may be changed without changing End Date so long as the preceding edits are adhered to. Messages: 'INVALID BEGIN DATE'	Zip Group Effective Begin Date. Zip Group Effective Begin Date. System Displayed.
11	(ZIP GROUP) END Zip Group Effective End Date (DE5494)	Edits: Must pass valid date edits. Date must not be equal to or less than Begin Date (DE5493). It may be a future date. It may NOT be less than Locality/Region Type	Zip Group Effective End Date. Zip Group Effective End Date. Must be in valid date format (mmddccyy). Date must not be equal to or less than Begin Date. It may be a future date. It may NOT be less than Locality/Region Type Begin Date, and it may NOT be greater than Locality/Region Type End Date. If Locality/Region Type End Date = nulls, then Zip

		Begin Date (DE5490), and it may NOT be greater than Locality/Region Type End Date (DE5491). Zip Group End Date may not be < Zip Group Begin Date. Messages: 'INVALID END DATE'	Group End Date may NOT be a future date - it must be nulls (in ADD mode only) or =< current date). ADD (R/U) Enter Zip Group Effective End Date. UPDATE (R/U) Enter the change to the Zip Group Effective End Date.
12	ZIP CODE Locality Zip Codes (DE5259)	Edits: When ADDing a new Zip Code to a Zip Group: Must be numeric and exist on the Zip Code File (RF_ZIP_CODES). Must not be a duplicate of a Zip Code in 'this' Zip Group. Messages: ZIP CODE NOT NUMERIC OR DOES NOT EXIST ON ZIP CODE FILE ZIP CODE ALREADY IN ZIP GROUP	Indicates valid 9 byte zip codes. Indicates valid 9 byte zip codes. Must be numeric and exist on the Zip Code File . Must not be a duplicate of a Zip Code in 'this' Zip Group. ADD (R/P) Enter the valid 9 byte zip codes. UPDATE (R/P) System Displayed.
13	BEG DATE Zip Group Zip Code Begin Date (DE5495)	Edits: Must pass valid date edits. This date may NOT be less than Zip Group Begin Date (DE5493) in RF_ ZIP_GROUP. This date also may NOT be greater than Zip Group End Date (DE5494) in RF_ ZIP_GROUP. This Begin Date may not be > Zip Group Zip End Date.	Zip Group Zip Code Effective Begin Date. Zip Group Zip Code Effective Begin Date. Must be valid date format (mmddccyy). This date may NOT be less than Zip Group Begin Date. This date also may NOT be greater than Zip Group End Date. ADD (R/P) Enter the Zip Group Zip Code Effective Begin Date. UPDATE (R/P) Enter the change to the Zip Group Code Effective Begin Date. Begin Date may be changed without changing End Date so long as the preceding edits are adhered to.

		Begin Date may be changed without changing End Date so long as the preceding edits are adhered to.	
14	END DATE Zip Group Zip Code End Date (DE5496)	Edits: Must pass valid date edits. Date must not be equal to or less than Begin Date (DE5495). It may be a future date. It may NOT be less than Zip Group Begin Date (DE5493), and it may NOT be greater than Zip Group End Date (DE5494). The Zip Group Zip End Date may not be < the Zip Group Zip Begin Date. If a new Zip Code is being ADDed and NO End Date is entered OR if the End Date is blanked out in the UPDATE Mode, the program will enter a date of 12319999 on the screen. This date must be over-ridden, if necessary, by the user in order to conform to the pre-ceding edits.	Zip Group Zip Code Effective End Date. Zip Group Zip Code Effective End Date. Must be valid format (mmddccyy). Date must not be equal to or less than Begin Date. It may be a future date. It may NOT be less than Zip Group Begin Date, and it may NOT be greater than Zip Group End Date. The Zip Group End Date may not be less than the Zip Group Begin Date. If a new Zip Code is being ADDed and no end date is entered or if the end date is blanked out in the UPDATE mode, the system will enter a date of 12319999. This date must be overridden, if necessary, in order to con-form to the preceding edits. ADD (R/U) Enter the Zip Group Zip Code Effective End Date. UPDATE (R/U) Enter the changes to the Zip Group Zip Code Effective End Date.

NAVIGATION	**FIPS Zip Group (RF-S-012-07)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR FORM	Depressing this PFKey presents the user with a screen ready to enter a new Zip Group.	N/A

ENTER	Key new Zip Group data or modify existing data and hit UPDT button. The ENTER Key is for validation only. NO Updates take place.	N/A
SUB MENU	Return to Locality Selection Menu.	N/A
SCROLL UP	Display previous Zip Group for 'this' Locality/Region Type.	N/A
SCROLL DOWN	Display next sequential Zip Group for 'this' Locality/Region Type.	N/A
MAIN MENU	Returns to Main System Menu	N/A
REFRESH	Depressing this PFKey presents the Zip Group data on the screen to the user as the data currently resides on the Tables.	N/A
RETURN	Return to Locality Region Type Screen.	N/A
UPDT	Key new Zip Group data or modify existing data and hit UPDT button.	TP-S-001 ()
SCROLL UP	Display previous sequential set of Zip Group Zip Codes.	N/A
SCROLL DOWN	Display next sequential set of Zip Group Zip Codes.	N/A
ZIP SELECT	Navigate to the Zip Code Update/Directory Screen.	TP-S-002 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5324	CLEAR FORM BEFORE ADDING NEW RECORD	Information message. No action needed.
5085	COMMAND IS INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete this task. See the on-line HELP system for instructions.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
5161	DATA IS CORRECT YOU MAY NOW ADD THE RECORD.	Information message.
5160	DATA IS CORRECT YOU MAY NOW	Information message.

	UPDATE THE RECORD.	
68	DATA REFRESHED	Information message.
5334	DUPLICATE ZIP CODE INFORMATION	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5254	FIRST ZIP GROUP ALREADY BEING DISPLAYED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/formatting for this field.
5258	INVALID DATA SELECTED PRESS RETURN BUTTON.	Check field for valid data and re-enter.
5255	LAST ZIP GROUP ALREADY BEING DISPLAYED	Information message. No action needed.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5154	RECORD ALREADY EXISTS	Information message. No action needed.
23	RECORD INSERTED	Information message.
94	TSQ ERROR	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.
5123	ZIP CODE DOES NOT EXIST	The ZIP code entered does not exist. Research the Field Definitions to check for valid data/-formatting.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Add or Update radio button in the Function field.
5. Choose Enter.
6. You see the Locality Menu Add or Update screen (RF-S-012-01).
7. Select the Locality/Region Type Data field.
8. Enter a Region Type/Rate Type, Region Code, and Locality Code.
9. Choose the Change or Add button, depending on the function you want.

10. You see the Locality/Region Type screen (RF-S-012-04).

11. Choose the Zip Group button.

12. You see the Locality ZIP Group screen (RF-S-012-07).

Screens RF-S-012-08 FIPS Directory

General Information

The FIPS Selection screen presents a scrollable list (or Directory) of localities for selection. This screen is invoked by the FIPS Selection Menu screen (RF-S-012-01), by the FIPS / Region Inquiry/Update screen (RF-S-012-03), by the Physically Adjacent/Extended Localities screen (RF-S-012-10), or by the Region Type Adjacent/Extended Locality screen (RF-S-012-11).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT280
MAPSET	RF280
TRAN ID	VS83 (Inquiry)

SAMPLE	FIPS Directory (RF-S-012-08)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CMD (DE0000)	Edits: In order to Select a Locality Code for more detailed inform-ation, the user should place 'X' in one CMD field and depress the ENTER (Detail) Key. Messages:	The field which allows the option to select the locality code to be inquired. INQUIRY (O/U) Enter an 'X' next to the locality code which is to be inquired. If the code does not appear on the screen, scroll up or down with the page up or page down buttons on the side.

		INVALID CMD FIELD	N/A
2	LOC MMIS Locality Code based on Postal Code (DE5254)	Edits: The data is moved into the screen field from the Locality Table (RF_ LOCALITY). Messages: N/A	Identifies the provider or enrollee city/-county locality. N/A
3	NAME Locality Name (DE5255)	Edits: The data is moved into the screen field from the Locality Table (RF_ LOCALITY). Messages: N/A	The name of the locality corresponding to the Locality Code. N/A
4	BEG (EFFECTIVE DATES) Locality Begin Date (DE5256)	Edits: The data is moved into the screen field from the Locality Table (RF_ LOCALITY). Messages: N/A	Effective date of the Locality Code. N/A
5	END (EFFECTIVE DATES) Locality End Date (DE5257)	Edits: The data is moved into the screen field from the Locality Table (RF_ LOCALITY). Messages: N/A	Ending date of the Locality Code. N/A

NAVIGATION	FIPS Directory (RF-S-012-08)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous sequential list of Locality Codes.	N/A

DETAIL	Select Locality for Detail data (Locality Inquiry/Update): 'X' in 'CMD' field.	N/A
SUB MENU	Return to Reference Subsystem Menu.	N/A
SCROLL DOWN	Display next sequential list of Locality Codes.	N/A
MAIN MENU	Returns to Main System Menu	N/A
RETURN	Return to invoking program. If invoking program = RFT230, RFT295, or RFT297 and one or more CMD fields = 'X', return Locality Code(s) (DE5254), Locality Name(s) (DE5255), and Begin dates (DE5256, DE 5257).	TP-S-005 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
5173	CAN ONLY CHOOSE ONE LOCALITY TO VIEW OR UPDATE	Information message.
5174	CHOOSE A LOCALITY TO VIEW OR UPDATE	Information message.
5014	CMD IS INVALID	Enter a valid Command. See the Field Definitions for valid Command specifications.
5085	COMMAND IS INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete this task. See the on-line HELP system for instructions.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
94	TSQ ERROR	Information message.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Inquiry radio button in the Function field.
5. Choose Enter.

6. You see the Locality Menu Inquiry screen (RF-S-012-01).
7. Select the Locality Data field.
8. Choose Enter.
9. You see the Locality Directory screen (RF-S-012-08).

Screens RF-S-012-09 Region Type Update/Directory

General Information

The Region Type Update/Directory screen presents a scrollable list of region types for display or selection. This screen is invoked from the FIPS (RF-S-012-01).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT290
MAPSET	RF290
TRAN ID	VS84 (Inquiry), VS85 (Update), VS86 (Add)

SAMPLE	Region Type Update/Directory (RF-S-012-09)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CMD (DE0000)	Edits: 'X' is required to Select a Region Type when PF10 REG DIR (Region Directory) is depressed. When EIBAID = DFHPF10 and any other value is used to select Region	Indicates the type of transaction for the screen. INQUIRY (O/U) Enter 'X' if inquiry is desired for this region. Indicates the type of transaction for the screen. ADD (O/U) Enter 'A' if a new region is to be added.

		Type, then it is an error. Messages: 'CMD IS INVALID' 'SELECT A REGION TYPE FOR REGION DIR.'	UPDATE (O/U) Enter 'U' beside the region that is to be changed.
2	REGION TYPE Region Type (DE5244)	Edits: This is a protected field for UPDATE (Change), INQUIRY.	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Use the On-line HELP system to find valid values. ADD (R/P) Enter the region which you desire to add. UPDATE (R/P) Code updates are not allowed. System Displayed.
3	DESCRIPTION Region Type Name (DE5245)	Edits: When entered in ADD or UPDATE mode, Must be greater than underscores, and first position must be greater than space. Messages: DESCRIPTION IS REQUIRED.	Indicates the name of the Region Type or organization. Indicates the name of the Region Type or organization. When entered in ADD or UPDATE mode, Must be greater than underscores, and first position must be greater than space. ADD (R/U) Enter the name of the added region type code. UPDATE (R/U) Enter the name change for the region type code.
4	BEGIN DATE Region Type Begin Date (DE5246)	Edits: This is a Gregorian Date and Must pass basic date edit when entered for an ADD. This field may NOT be Changed.	Effective date of the Region Type. Effective date of the Region Type. Must be in valid date format (mmddccyy). ADD (R/U) Enter the effective date for the region type. This is a Gregorian Date and must pass

		Messages: INVALID DATE	basic date edit when entered. This field may NOT be Changed. UPDATE (R/U) This field may not be updated. System Generated.
5	END DATE Region Type End Date (DE5247)	Edits: This is a Gregorian Date and must pass a basic date edit if entered in ADD or UPDATE mode. Field can be left blank (nulls) in ADD mode. End Date when entered in ADD or UPDATE mode: - May NOT be =< Begin Date. - Can be a prior, current, or future date so long as the aforementioned edits are adhered to. - If End Date is =< current date, then a valid END REASON CODE must be entered. Messages: INVALID DATE	Ending date of the Region Type. Ending date of the Region Type. This is a Gregorian Date and must pass a basic date edit if entered in ADD or UPDATE mode. Field can be left blank (nulls) in ADD mode. End Date when entered in ADD or UPDATE mode: - May NOT be =< Begin Date. - Can be a prior, current, or future date so long as the aforementioned edits are adhered to. - If End Date is =< current date, then a valid END REASON CODE must be entered. - Must be in valid date format (mmddccyy). ADD (R/U) Enter the ending date of the region type. UPDATE (R.U) Enter the ending date change of the region type.
8	END REASON CODE Region Type End Reason Code (DE5248)	Edits: End Reason must match with a value on the Global Code Value Table (RF_CODE_VALUE). Use the I_END_RVAL column in the Region Type table (RF_REGION_TYPE) along with the value in the End Reason field from the screen to form the	Indicates the reason code for ending the Region Type. Indicates the reason code for ending the Region Type. End Reason must match with a value on the Global Code Value Table. Use the On-line HELP system to find the valid codes. ADD (O/U) Enter the reason code for ending the Region Type. UPDATE (O/U) Enter the change reason code for ending the Region Type.

		key to read RF_ CODE_VALUE. If a NOT FOUND condition results, then the input screen data was invalid.	
		In the event the user does not enter anything in the screen field for an ADD, the program should default to 000.	
		Messages:	
		INVALID DATA	
9	END REASON TEXT Region Type End Reason Text (DE5281)	Edits: Text reflects Value Description (DE0018) retrieved from GL_CODE_ VALUE Table when a FOUND condition resulted from searching for the value in END REASON CODE (DE5248). Messages: N/A	Indicates the reason text for ending the Region Type. Indicates the reason text for ending the Region Type. System Displayed.

NAVIGATION	Region Type Update/Directory (RF-S-012-09)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous sequential list of Region Types.	RF-S-001-06 ()
CLR FORM	Produces a blank line at top of screen for Adding new Region Type data.	RF-S-002-06 ()
ENTER	Initiates validation of data enter on the screen in Add/Update mode only.	RF-S-002-06 ()
SUB MENU	Return to Reference Subsystem Menu. No data is passed.	N/A
SCROLL DOWN	Display next sequential list of Region Types.	RF-S-001-04 ()
MAIN MENU	Returns to Main System Menu.	RF-S-001-06 (R)
REFRESH	Rereads and displays the most current data on the	N/A

	screen.	
REG DIR	Branch to Region Directory program/screen (RFT220/RF-S-012-02) with 'X' in CMD field.	POS-S-001 (B)
RETURN	Return to Locality Menu. Pass Region Type Code (DE5244) if identified.	POS-S-000 (R)
UPDT	ADD a new record or UPDATE an existing record on Region Type table (RF-F-021)	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5231	CAN ONLY MAKE ONE SELECTION TO VIEW OR UPDATE	Choose only one selection, then press Enter to view or update.
95	CICS ERROR	Contact ACS Operations for assistance.
5269	CLEARFORM IS VALID IN ADD MODE ONLY	Change to the maintenance screen to complete this action.
5014	CMD IS INVALID	Enter a valid Command. See the Field Definitions for valid Command specifications.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
5161	DATA IS CORRECT YOU MAY NOW ADD THE RECORD.	Information message.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
2	DATA NOT CHANGED	Information message. No action needed.
68	DATA REFRESHED	Information message.
5131	DESCRIPTION IS INVALID; MUST BE GREATER THAN SPACES	Change the data entered. See the Field Definitions for specifications on the data for this field.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/-formatting for this field.

102	INVALID DB2 FORMAT FOR BEGIN OR END DATE	Contact ACS Operations for assistance.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
23	RECORD INSERTED	Information message.
25	RECORD UPDATED	Information message. No action needed.
5253	SELECT A REGION TYPE FOR REGION DIR	Selection of Region Type must be made prior to navigating to the Region Directory.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Add or Update radio button in the Function field.
5. Choose Enter.
6. You see the Locality Menu Add or Update screen (RF-S-012-01).
7. Select the Region Type Data field.
8. Choose the Change or Add button, depending on the function you want.
9. You see the Region Type Update/Directory screen (RF-S-012-09).

Screens RF-S-012-10 Physically Adjacent/Extended FIPS

General Information

The Physically Adjacent/Extended screen presents a scrollable list of FIPS that are adjacent/extended to the FIPS being viewed. This screen is invoked by the FIPS Inquiry/Update (RFT250) or by the FIPS Directory (RFT280).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT295
MAPSET	RF295
TRAN ID	VS88 (Inquiry), VS89 (Update), VS90 (Add)

SAMPLE	**Physically Adjacent/Extended FIPS (RF-S-012-10)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	(ADJACENT/EXTENDED) (DE0000)	Edits: N/A	'EXCLUDE' 'EXCLUDE'
2	LOCALITY MMIS Locality Code based on Postal Code (DE5254)	Edits: From RF_ LOCALITY Messages: N/A	Identifies the provider or enrollee city/-county locality. Identifies the provider or enrollee city/-county locality. System Displayed.
3	LOCALITY NAME Locality Name (DE5255)	Edits: From RF_ LOCALITY Messages: N/A	The name of the locality cor-responding to the Locality Code. The name of the locality cor-responding to the Locality Code. System Displayed.

4	BEGIN DATE Locality Begin Date (DE5256)	Edits: From RF_ LOCALITY Messages: N/A	Effective date of the Locality Code. Effective date of the Locality Code. System Displayed.
5	END DATE Locality End Date (DE5257)	Edits: From RF_ LOCALITY Messages: N/A	Ending date of the Locality Code. Ending date of the Locality Code. System Displayed.
6	CMD (DE0000)	Edits: Valid value 'A' for ADD processing mode. Valid value is 'D' for UPDATE Messages: 'INVALID CMD'	'EXCLUDE' 'EXCLUDE'
7	LOC MMIS Locality Code based on Postal Code (DE5254)	Edits: If in ADD or Update processing mode, this field must match a record key of a Locality record on the Locality table (RF-F-020). The Same Locality may be named for Extended and for Adjacent Localities. Messages: LOCALITY CODE DOES NOT EXIST.	Identifies the provider or enrollee city/-county locality. Identifies the provider or enrollee city/-county locality. ADD (R/P) Enter the Localities Code which you wish to add. This field must match a record key of a Locality record on the Locality table. UPDATE (R/P) Enter the Localities Code which you wish to update.
8	NAME/DESCRIPTION Locality Name (DE5255)	Edits: This field is fetched from RF_LOCALITY Messages: N/A	The name of the locality cor-responding to the Locality Code. The name of the locality cor-responding to the Locality Code. System Displayed.
9	BEGIN DATE Locality Begin Date (DE5256)	Edits: Retrieved from RF_ LOCALITY	Effective date of the Locality Code. Effective date of the Locality Code. System Displayed.

		Messages: N/A	
10	END DATE Locality End Date (DE5257)	Edits: Retrieved from RF_ LOCALITY Messages: N/A	Ending date of the Locality Code. Ending date of the Locality Code. System Displayed.

NAVIGATION	**Physically Adjacent/Extended Localities (RF-S-012-10)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous sequential list of Adj/Ext Localities.	RF-S-017-01 ()
ENTER	Edit Adjacent/Extended Locality to be added.	RF-S-002-06 ()
SUB MENU	Return to Reference Subsystem Menu.	RF-S-001-05 (R)
SCROLL DOWN	Display next sequential list of Adj/Ext Localities.	RF-S-002-06 ()
FIPS DIR	Navigate to the Locality Directory screen.	RF-S-001-07 (B)
MAIN MENU	Returns to Main System Menu	RF-S-001-04 (R)
REFRESH	Current data is re-sent to the user's screen.	N/A
RETURN	Return to previous screen (Locality Inquiry/Update or Locality Selection Menu).	RF-S-001-05 (R)
UPDT	Edit Adjacent/Extended Locality to be added. If edits are passed, the record is Added.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
114	CHOOSE UPDATE AGAIN TO CONFIRM THE DELETE	Choose the Update button again to confirm the delete.
147	CHOOSE UPDATE TO CONFIRM DELETE	Information message.
95	CICS ERROR	Contact ACS Operations for assistance.

5161	DATA IS CORRECT YOU MAY NOW ADD THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
4012	DUPLICATE RECORD EXISTS	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5382	LOCALITY ALREADY ASSIGNED AS PHYSICALLY ADJACENT	Information message.
5383	LOCALITY ALREADY ASSIGNED AS PHYSICALLY EXTENDED	Information message.
5167	LOCALITY CODE DOES NOT EXIST	See the Field Definitions for valid locality code data/-formatting and re-enter a locality code.
5208	LOCALITY CODE IS INVALID	Enter a valid Locality code. See the Field Definitions for valid data and formatting for this field.
5158	LOCALITY DATA CANNOT BE UPDATED WITH THIS SCREEN	The Locality Code can only be updated from the maintenance screen.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
48	RECORD DELETED	Information message. No action needed.
23	RECORD INSERTED	Information message.
148	RECORD(S) ADDED AND DELETED	Information message.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Add or Update radio button in the Function field.
5. Choose Enter.
6. You see the Locality Menu Add or Update screen (RF-S-012-01).
7. Select the Region Data field.
8. Enter the Region Type/Rate Type codes.
9. Choose the Change or Add button, depending on the function you want.

10. You see the Region Directory screen (RF-S-012-03).
11. Enter a 'X' in the Command field beside Locality.
12. Choose the Locality Detail button.
13. You see the Locality Update screen (RF-S-012-05).
14. Choose the Extended Localities button.
15. You see the Physically Adjacent/Extended Localities screen (RF-S-012-10).

Screens RF-S-012-11 Region Type Adjacent/Extended FIPS

General Information

The Adjacent/Extended FIPS by Region Type screen presents a scrollable list of localities that are identified as adjacent/extended to the FIPS according to region type. The adjacent/extended FIPS identified by region type, may/may not actually be adjacent/extended physically. In addition, an order indicator is added for selection preference.   This screen is invoked by the FIPS/Region Type program (RFT240) and by the FIPS Directory program (RFT280).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT297
MAPSET	RF297
TRAN ID	VS92 (Inquiry), VS93 (Update), VS94 (Add)

SAMPLE	Region Type Adjacent/Extended FIPS (RF-S-012-11)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	REG TYPE Region Type (DE5244)	Edits: N/A	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. System Displayed.

2	(REGION TYPE NAME) Region Type Name (DE5245)	Edits: N/A	Indicates the name of the Region Type or organization. Indicates the name of the Region Type or organization. System Displayed.
3	REGION Region Code (DE5249)	Edits: N/A	Indicates the region under the organization to which the FIPS code belongs. Indicates the region under the organization to which the FIPS code belongs. System Displayed.
4	(REGION NAME) Region Name (DE5250)	Edits: N/A	Indicates the name of the Region Code. Indicates the name of the Region Code. System Displayed.
5	LOCALITY MMIS Locality Code based on Postal Code (DE5254)	Edits: N/A	Identifies the provider or enrollee city/-county locality. Identifies the provider or enrollee city/-county locality. System Displayed.
6	(LOCALITY NAME) Locality Name (DE5255)	Edits: N/A	The name of the locality corresponding to the Locality Code. The name of the locality corresponding to the Locality Code. System Displayed.
7	BEG (DATE) Locality/Region Type Begin Date (DE5490)	Edits: N/A	Effective Begin Date for this Locality/Region Type (Region Type, Region, Locality). Effective Begin Date for this Locality/Region Type (Region Type, Region, Locality). System Displayed.
8	END DATE Locality/Region Type End Date (DE5491)	Edits: N/A	End Date for this Locality/Region Type (Region Type, Region, Locality). End Date for this Locality/Region Type (Region Type, Region, Locality). System Displayed.
9	(ADJACENT/EXTENDED) (DE0000)	Edits: N/A	'EXCLUDE' 'EXCLUDE'
10	CMD (DE0000)	Edits: Valid value is 'X'. Messages: 'CMD IS INVALID' 'NO ENTRY MARKED FOR	The code which identifies the type of transaction for the Order Indicator. INQUIRY (O/U) Enter 'X' next to the Order Indicator which you wish to inquire. The code which identifies the type of

		UPDATE' 'NO ENTRY MARKED FOR VALIDATION'	transaction for the Order Indicator. ADD (O/U) Enter 'A' or 'B' next to the Order Indicator which you are adding. UPDATE (O/U) Enter 'D' or 'X' next to the Order Indicator which you wish to update.
11	ORD Locality Region Type Adjacent Order Indicator (DE5275)	Edits: Must be numeric and within range of existing Adjacent Order Indicators. Messages: INVALID ORDER INDICATOR	Indicates the priority order of the locality when adjacent localities are to be pre-assigned to enrollees resident in the this Locality. Indicates the priority order of the locality when adjacent localities are to be pre-assigned to enrollees resident in the this Locality. Must be numeric and within range of existing Adjacent Order Indicators. ADD (R/U) Enter the priority order indicator for the adjacent locality. UPDATE (R/U) Enter the priority order indicator for the adjacent locality which is to be updated.
11.1	ORD Locality Region Type Extended Order Indicator (DE5277)	Edits: Must be numeric and within range of existing Extended Order Indicators. Messages: INVALID ORDER INDICATOR	Indicates the priority order of the locality when extended localities are to be pre-assigned to enrollees resident in the this Locality. Indicates the priority order of the locality when extended localities are to be pre-assigned to enrollees resident in the this Locality. Must be numeric and within range of existing Extended Order Indicators. ADD (R/U) Enter the priority order indicator for the extended locality. UPDATE (R/U) Enter the priority order indicator for the extended locality which is to be updated.
12	LOC	Edits:	Indicates localities that are extended

		Locality Region Type Extended Codes (DE5278)	This field cannot be "changed". It can be closed in UPDATE processing mode by changing the Extended End Date. In ADD mode, this field can be ADDed to the Extended list for the Locality Region Type record. In this case, the data must match the Record Key for a Locality record on RF-F-020. Messages: LOCALITY CODE DOES NOT EXIST	from the Locality Code for purposes of pre-assignment. These localities may or may not be physically out-lying or extended from the Locality Code. Indicates localities that are extended from the Locality Code for purposes of pre-assignment. These localities may or may not be physically out-lying or extended from the Locality Code. System Displayed. This field cannot be 'changed'. In ADD mode, this field can be ADDed to the Extended list for the Locality Region Type record. In this case, the data must match the Record Key for a Locality record.
12.1	LOC	Locality Region Type Adjacent Codes (DE5276)	Edits: This field cannot be "changed". It can be closed in UPDATE processing mode by changing the Adjacent End Date. In ADD mode, this field can be ADDed to the Adjacent list for the Locality Region Type record. In this case, the data must match the Record Key for a Locality record on RF-F-020. Messages: LOCALITY CODE DOES NOT EXIST	Indicates localities that are determined as adjacent to the Locality Code for purposes of pre-assignment. These localities are not necessarily physically adjacent to the Locality Code. Indicates localities that are determined as adjacent to the Locality Code for purposes of pre-assignment. These localities are not necessarily physically adjacent to the Locality Code. System Displayed. This field cannot be 'changed'. It can be 'removed' in UPDATE processing mode with 'D' in CMD field and depressing ENTER key. In ADD mode, this field can be ADDed to the Adjacent list for the Locality Region Type record. In this case, the data must match the Record Key for a Locality record on RF-F-020.
13	NAME/DESCRIPTION	Locality Name (DE5255)	Edits: N/A	The name of the locality corresponding to the Locality Code. The name of the locality corresponding to the Locality Code. System Displayed.
14	BEGIN DATE		Edits:	Effective date of the Locality Code.

	Locality Begin Date (DE5256)	N/A	Effective date of the Locality Code. Must be in valid format (mmddccyy). ADD (R/P) Enter the beginning date for the Locality Code. UPDATE (R/P) Enter the updated beginning date for the Locality Code.
15	END DATE Locality End Date (DE5257)	Edits: N/A	Ending date of the Locality Code. Ending date of the Locality Code. Must be in valid format (mmddccyy). ADD (R/P) Enter the ending date for the Locality Code. UPDATE (R/P) Enter the updated ending date for the Locality Code.

NAVIGATION	Region Type Adjacent/Extended Locality (RF-S-012-11)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous sequential list of Adj/Ext Localities.	RF-S-004 ()
ENTER	Validate New or Added data for correctness.	N/A
SUB MENU	Return to Reference Subsystem Menu	RF-S-017-01 (R)
SCROLL DOWN	Display next sequential list of Adj/Ext Localities.	RF-S-001-03 ()
FIPS DETAIL	User is directed to the Locality Detail screen.	N/A
FIPS DIRECTORY	Navigate to Locality Directory screen.	N/A
MAIN MENU	Returns to Main System Menu	N/A
REFRESH	Screen is re-populated.	N/A
RETURN	Return to previous screen (Locality Region Type).	N/A
UPDT	Validate and Update correct new information.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
95	CICS ERROR	Contact ACS Operations for assistance.
5014	CMD IS INVALID	Enter a valid Command. See the Field Definitions for valid Command specifications.
5004	DATA ENTERED MUST BE NUMERIC	Enter only numeric date. See the Field Definitions for specifications on the data to be entered.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
5161	DATA IS CORRECT YOU MAY NOW ADD THE RECORD.	Information message.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/-formatting for this field.
5258	INVALID DATA SELECTED PRESS RETURN BUTTON.	Check field for valid data and re-enter.
5167	LOCALITY CODE DOES NOT EXIST	See the Field Definitions for valid locality code data/formatting and re-enter a locality code.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5128	PLEASE MAKE A SELECTION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
23	RECORD INSERTED	Information message.
25	RECORD UPDATED	Information message. No action needed.
94	TSQ ERROR	Information message.

5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Main Menu (RF-S-004).

3. Select Locality Menu from the drop-menu in the Other box.

4. Choose the Add or Update radio button in the Function field.

5. Choose Enter.

6. You see the Locality Menu Add or Update screen (RF-S-012-01).

7. Select the Locality/Region Type Data field.

8. Choose the Change or Add button, depending on the function you want.

9. You see the Locality Region Type Directory screen (RF-S-012-12).

10. Enter a 'X' in the Command field beside the locality you want to access.

11. Choose the Detail button.

12. You see the Locality/Region screen (RF-S-012-04).

13. Choose the Adjacent Locality or Extended Locality button.

14. You see the Region Type Adjacent/Extended Locality screen (RF-S-012-11).

Screens RF-S-012-12 FIPS/Region Type Directory

General Information

This screen presents a scrollable list of FIPS/Region Type records from table RF_REGION_LOC.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT298
MAPSET	RF298
TRAN ID	VS96 (Inquiry)

SAMPLE	**FIPS/Region Type Directory (RF-S-012-12)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CMD (DE0000)	Edits: Valid value is 'X'. Messages: ONLY VALID VALUE IS 'X'	The code used to select the Locality Region Type which you wish to inquire. INQUIRY (O/U) Enter a 'X' beside the Locality Region type which you wish to inquire. N/A
2	REGION TYPE Region Type	Edits: N/A	Code representing the type of organization or department that divides the State of Vir-

	(DE5244)		ginia into various Region Codes. Each organization breaks the State in a different way. N/A
3	REGION Region Code (DE5249)	Edits: N/A	Indicates the region under the organization to which the FIPS code belongs. N/A
4	LOC MMIS Locality Code based on Postal Code (DE5254)	Edits: N/A	Identifies the provider or enrollee city/-county locality. N/A
5	ADDRESS NAME Locality Region Type Address Name (DE5264)	Edits: N/A	Contains the Locality Code and Locality Name for DSS Regional, State Institution, DSS/DMAS Report Distribution offices; 'DMAS' for DMAS; and the Locality Name for Health Department offices. N/A

NAVIGATION	Locality/Region Type Directory (RF-S-012-12)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display the previous set of scrollable Locality/Region Type records.	N/A
ENTER	When this key is depressed and a Locality/Region Type is selected ('X' in CMD field), then Branch to Locality/Region Type Inquiry Update program (RFT240).	POS-S-000 (B)
SUB MENU	Control is Returned to the Reference Subsystem Menu program (RFT001).	POS-S-034 (R)
SCROLL DOWN	Display next set of scrollable Locality/Region Type records.	POS-S-001 ()
MAIN MENU	Returns user to Main System Menu.	N/A
RETURN	Control is Returned to the Locality Menu program (RFT210)	POS-S-001 POS-S-002 (R)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT	User does not have access to the screens chosen.

	AUTHORIZED	
5230	CAN ONLY MAKE ONE SELECTION TO RETURN TO MENU	Information message.
5231	CAN ONLY MAKE ONE SELECTION TO VIEW OR UPDATE	Choose only one selection, then press Enter to view or update.
5014	CMD IS INVALID	Enter a valid Command. See the Field Definitions for valid Command specifications.
5031	DATA DISPLAYED	Information message. No action needed.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
5024	NO EDIT TEXT DATA PRESENT	Enter edit text data. See the Field Definitions for valid values for the field.
5021	PAGE-DOWN NOT ACTIVE	Information message. No action needed.
5020	PAGE-UP NOT ACTIVE	Information message. No action needed.
5128	PLEASE MAKE A SELECTION	Information message.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Locality Menu from the drop-menu in the Other box.
4. Choose the Inquiry radio button in the Function field.
5. Choose Enter.
6. You see the Locality Menu Inquiry screen (RF-S-012-01).
7. Select the Locality/Region Type Data field.
8. Choose Enter.
9. You see the Locality/Region Type Directory screen (RF-S-012-12).

Screens RF-S-012-13 Capitation Directory

General Information

The Capitation Directory screen presents a scrollable list of Aid Categories that are available for Capitation Rates (by Region and Age Range with in Aid Category).

SOURCE/ORIGINATOR	Reference
USAGE	Inquiry
PROGRAM	RFT291
MAPSET	RF291
TRAN ID	VS97 (Inquiry)

SAMPLE	Capitation Directory (RF-S-012-13)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	CMD (DE0000)	Edits: 'X' is valid in CMD field when user wants to identify the Aid Category for detail display; it is only valid when the ENTER (DETAIL) key is depressed. Other-	Used only on the CICS screen. This field does not appear on GUI. To select "Detail" using the GUI screen, position the Highlight Bar on the desired record and depress Detail. N/A

		wise, an error message is displayed. Messages: 'ENTER 'X' IN THE CMD FIELD TO SELECT A ROW' 'INVALID SELECTION ENTRY; MUST ENTER 'X'' 'CAN ONLY MAKE ONE SELECTION TO VIEW OR UPDATE'	
2	RATE TYPE Region Type (DE5244)	Edits: RATE TYPE represents a Capitation Region Type on the Capitation Table (RF_CAPITATION). Messages: N/A	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. N/A
3	AID CATEGORY Enrollee Eligibility Aid Category (DE3009)	Edits: Aid Category represents the Aid Category for a Rate Type (Capitation Region Type) on the Capitation Table (RF_ CAPITATION). Messages: INVALID DATA	Also known as Money payment code, Recipient program designation or Scope of Coverage code. This is the program category under which a recipient is eligible for Medicaid or DMAS administered programs. The code is used to indicate whether the Enrollee must make a co-payment. It is also used to identify an Enrollee's eligibility for certain Benefit Plans. N/A
4	DESCRIPTION Aid Category Code Description (DE3301)	Edits: None. Data is moved directly from Recipient Aid Category table (RS_AID_ CATEGORY_R) to the screen output field (WHERE Aid Category (DE3009) of RF_CAPITATION is equal to Aid Cat-	Description of the Aid Category. N/A

egory of RS_AID_ CATEGORY_R) AND Aid Category End Date (DE3027) is nulls or = or > current date. Messages: N/A	

NAVIGATION	**Capitation Directory (RF-S-012-13)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous sequential list of Aid Categories. Check for "top of file".	N/A
CLEAR	Navigate to Main System Menu (RFT010).	N/A
DETAIL/ENTER	Pass control to Capitation Inquiry (DETAIL) program (RFT292) based on 'X' in CMD field for the Rate Type and Aid Category selected. Check to see if more than one (1) CMD field contains an 'X'.	N/A
SUB MENU	Return to Reference Subsystem Menu screen/- program (RF-S-004/ RFT001).	N/A
SCROLL DOWN	Display next sequential list of Aid Categories. Check for "bottom of file".	N/A
RETURN	Return to invoking program, Locality Menu, (RFT210).	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
5231	CAN ONLY MAKE ONE SELECTION TO VIEW OR UPDATE	Choose only one selection, then press Enter to view or update.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
5222	INVALID SELECTION ENTRY; MUST ENTER 'X'	Check field for valid data and re-enter.
5128	PLEASE MAKE A SELECTION	Information message.
94	TSQ ERROR	Information message.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Main Menu (RF-S-004).

3. Select Locality Menu from the drop-menu in the Other box.

4. Choose the Inquiry radio button in the Function field.

5. Choose Enter.

6. You see the Locality Menu Inquiry screen (RF-S-012-01).

7. Select the Capitation field.

8. Choose Enter.

9. You see the Capitation Directory screen (RF-S-012-13).

Screens RF-S-012-14 Capitation Rates

General Information

The Capitation screen presents Capitation rate data specific to an Aid Category (by Age Range within Region). This screen is invoked by the FIPS Selection Menu (RFT210 or by the Capitation Directory program (RFT291).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT292
MAPSET	RF292
TRAN ID	VSE5 (Inquiry), VSE6 (Update), VSE7 (Insert)

SAMPLE	Capitation Rates (RF-S-012-14)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	RATE TYPE Region Type (DE5244)	Edits: In the ADD Mode, this code must be equal to a value on the GL_ CODE_VALUE Table. The CNUM for this field (C_CAP_ RATETYP_CVAL), is 324.	Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different way. Code representing the type of organization or department that divides the State of Virginia into various Region Codes. Each organization breaks the State in a different

		Messages: INVALID PROGRAM/REGION TYPE	way. System Displayed.
2	DESCRIPTION Code Value Description (DE0018)	Edits: This data is populated from the Description (DE0018) in the global table, GL_CODE_ VALUE. It is the description of the Rate Type. This is NOT an updateable field. Messages: N/A	Indicates the name of the Region Type or organization. Indicates the name of the Region Type or organization. System Displayed.
3	AID CATEGORY (DE0000)	Edits: In the ADD Mode, the Aid Category shown on the screen is derived from a Value Set that contains Range rows that contain Aid Categories as identified in the Recipient Subsystem. The screen "Aid Category" is really an Eligibility Category that encompasses certain Aid Categories. This field cannot be modified. Messages: 'INVALID DATA'	The screen 'Aid Category' is really an Eligibility Category that encompasses certain Aid Categories. The screen 'Aid Category' is really an Eligibility Category that encompasses certain Aid Categories. System Displayed. In the ADD Mode, the Aid Category shown on the screen is derived from a Value Set that contains Range rows that contain Aid Categories as identified in the Recipient Subsystem. This field cannot be modified.
4	DESCRIPTION Value Set Name (DE5392)	Edits: This field is fetched from the Value Set that contains the Aid Categories encompassed in 'this' Eligibility Category. Messages: N/A	Description of the Aid Category. Description of the Aid Category. System Displayed.
5	REGION	Edits:	Indicates the region under the organization to which the FIPS code belongs.

	Region Code (DE5249)	The Region Code must equal the key to a row on the Region Table (RF_REGION). Messages: INVALID DATA	Indicates the region under the organization to which the FIPS code belongs. System Displayed.
6	DESCRIPTION Region Name (DE5250)	Edits: This field is retrieved from the Region row of the Region Table (RF_REGION). Messages: N/A	Indicates the name of the Region Code. Indicates the name of the Region Code. System Displayed.
7	BEG DATE Region Begin Date (DE5251)	Edits: Region Begin Date is retrieved from the Region Table. This field is not updateable. Messages: N/A	Effective date of the Region Code. Effective date of the Region Code. System Displayed.
8	END DATE Region End Date (DE5252)	Edits: Region End Date is retrieved from the Region Table. This field is not updateable. Messages: N/A	Ending date of the Region Code. Ending date of the Region Code. System Displayed.
9	SEX Gender that Capitation Rate is for (DE5482)	Edits: Must be equal to 'M', 'F', or 'B' (both). Messages: INVALID DATA SEX/AGE RANGE IS INVALID	Indicator of the Sex that an enrollee must be, along with the Age Range that an enrollee must be in, in order for the associated Capitation rate to apply. Indicator of the Sex that an enrollee must be, along with the Age Range that an enrollee must be in, in order for the associated Capitation rate to apply. Must be equal to 'M', 'F', or 'B' (both). ADD (R/U) Enter the valid sex code. UPDATE (R/U) Enter the change to the sex code.
10	BEG AGE	Edits:	Beginning Age Range for purposes of

	Beginning Age Range for Capitation (DE5480)	Must be numeric. Can be 0. Must be less than Ending Age Range (DE5481) if entered. Messages: N/A	determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider. Beginning Age Range for purposes of determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider. Must be numeric. Can be 0. Must be less than Ending Age Range if entered. ADD (R/U) Enter the beginning age range of the age group that an enrollee belongs. UPDATE (R/U) Enter the change to the beginning age range of the age group that an enrollee belongs.
11	END AGE Ending Age Range for Capitation (DE5481)	Edits: This field is numeric and must be greater than 0 and greater than Beginning Age Range (DE5480). Messages: NOT NUMERIC MUST BE GREATER THAN BEGINNING AGE RANGE	Ending Age Range for purposes of determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider. Ending Age Range for purposes of determining the age group that an enrollee belongs in. This, along with the sex of the enrollee, is done to determine the Capitation rate to be paid to a provider. This field is numeric and must be greater than 0 and greater than Beginning Age Range. ADD (R/P) Enter the ending age range of the age group that an enrollee belongs. UPDATE (R/P) Enter the change to the ending age range of the age group that an enrollee belongs.
12	RATE Capitation Rate for Age and Gender (DE5483)	Edits: This is a dollars and cents field. Must be greater than 0.00. A decimal point is acceptable separating the low order 2 characters	Monthly Capitation Rate. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range.

		from the high order positions. No commas may be entered. If no decimal point is entered, then the value for the cents portion will be 00 (e.g., if 850 is entered, then the stored value is 850.00). Maximum value is 9999.99. Messages: INVALID DATA MAXIMUM VALUE EXCEEDED	Monthly Capitation Rate. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Gender/Age range. This is a dollars and cents field. Must be greater than 0.00. A decimal point is acceptable separating the low order 2 characters from the high order positions. No commas may be entered. If no decimal point is entered, then the value for the cents portion will be 00 (e.g., if 850 is entered, then the stored value is 850.00). Maximum value is 9999.99. ADD (R/U) Enter the rate paid to eligible providers for each enrollee assigned. UPDATE (R/U) Enter the change to the rate paid to eligible providers for each enrollee assigned.
13	BEG DATE Capitation Rate Effective Begin Date (DE5478)	Edits: IF THE MODE IS 'ADD' OR 'UPDATE': - Must pass basic date edits. - Date can be a future date. - Date must NOT overlap the Begin and End Dates of another row for this same Program, Aid Category, Region, Sex, Begin Age, and End Age. . UPDATE Mode: - Change is allowed WHEN New Begin Date > or = Current Begin Date; create New row (Current END DATE then becomes = New Begin Date -1 in the	The Effective Begin Date for the Capitation Rate identified for 'this' Aid Category, Region, and Gender/Age Range . There are currently 8 Gender/Age ranges listed in the Capitation Table. The Effective Begin Date for the Capitation Rate identified for 'this' Aid Category, Region, and Gender/Age Range. There are currently 8 Gender/Age ranges listed in the Capitation Table. IF THE MODE IS 'ADD' OR 'UPDATE': ? Must pass basic date edits. ? Date can be a future date. ? Date must NOT be overlap the Begin and End Dates of another row for this same Program, Aid Category, Region, Sex, Begin Age, and End Age. ADD (R/P) Enter the effective begin date for the Capitation Rate identified for 'this' Aid Category, Region, and Gender/Age Range. UPDATE (R/P)

		old row). - If new BEGIN DATE < current BEGIN DATE - Change is NOT allowed. - WHEN new BEGIN DATE < current END DATE and current END DATE is NOT NULL - Change IS allowed; create new row (UPDATE current END DATE = New BEGIN DATE -1; New END DATE = NULL). Messages: INVALID BEGIN DATE DATES OVERLAP EXISTING RECORD (S) BEGIN NOT EQUAL TO JULY 1ST. PRESS UPDATE AGAIN TO CONFIRM. END NOT EQUAL TO JUNE 30TH. PRESS UPDATE AGAIN TO CONFIRM.	Enter the effective begin date for the Capitation Rate identified for 'this' Aid Category, Region, and Gender/Age Range. Change is allowed when the new Begin Date is greater than or equal to the current Begin Date. A new row is created and the current End Date then becomes equal to the New Begin Date minus 1 in the old row. If new Begin Date is less than the current Begin Date, the Change is NOT allowed. When the new Begin Date is less than the current End Date and the current End Date is NOT null, the Change is allowed. A new row is created and the current End Date will be equal to new Begin Date minus 1. The New End Date is null.
14	END DATE Capitation Rate Effective End Date (DE5479)	Edits: IF THE MODE IS 'ADD' OR 'UPDATE': - If entered, must pass basic date edits; otherwise the default is nulls. - Date can be a future date. - Date cannot be less than the BEGIN Date (DE5478).	The Effective End Date for the Capitation Rate identified for 'this' Aid Category, Region, and Gender/Age Range. There are currently 8 Gender/Age ranges listed in the Capitation Table. The Effective End Date for the Capitation Rate identified for 'this' Aid Category, Region, and Gender/Age Range. There are currently 8 Gender/Age ranges listed in the Capitation Table. IF THE MODE IS 'ADD' OR 'UPDATE': ? If entered, must pass basic date edits; oth-

		- Date must NOT be within the range of the Begin and End DateS of another row with the same Program, Aid Category, Region, Sex, Begin Age, and End Age. WHEN UPDATE Mode: - If New END DATE < BEGIN DATE - Change is NOT allowed. - If New END DATE > or = Current/New BEGIN DATE - Change is allowed and row is UPDATEd. - If New END DATE = Current END DATE - allow Change and row is UPDATEd. Messages: 'INVALID END DATE' END DATE CANNOT BE LESS THAN BEGIN DATE	erwise the default is nulls. ????Date can be a future date. ????Date cannot be less than the BEGIN Date (DE5478). ????Date must NOT be within the range of the Begin and End Dates of another row with the same Program, Aid Category, Region, Sex, Begin Age, and End Age. ADD (R/P) Enter the effective end date for the Capitation Rate identified for 'this' Aid Category, Region, and Gender/Age Range. UPDATE (R/P) Enter the change to the effective end date for the Capitation Rate identified for this Aid Category, Region, and Gender/Age Range ? You can NOT modify another attribute at the same time that the END DATE is being modified. ?????If new End Date is less than the Begin Date, change is NOT allowed. ?????If new End Date is greater than or equal to the Current/New Begin Date, the change is allowed and row is updated. If new End Date equals the current End Date the change is allowed and the row is updated
15	SESSION DATE (DE0000)		The Session Date can be used instead of the entering a single Begin Date in each field. The Session Date will be applied to all entries on the screen where the Begin Date has not been entered, and is validated the same way as described above. UPDATE (C) Enter a single date in the Session Date field. The Session Date can be used instead of the entering a single Begin Date in each field. The Session Date will be applied to all entries on the screen where the Begin Date has not been entered, and is validated the same way as described above.

			UPDATE (C)
			Enter a single date in the Session Date field.

NAVIGATION	**Capitation Rates (RF-S-012-14)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR FORM	Clear screen of data for data entry of new Program, Aid Category, and Region.	N/A
ENTER	This key initiates validation of data that the user has entered on the screen.	POS-S-000 ()
SUB MENU	Return to the Reference Sub-system menu program (RFT001).	N/A
MAIN MENU	Returns to Main System Menu	N/A
SCROLL DOWN (RATES)	Display next set of detail Rate data.	N/A
SCROLL DOWN (REGION)	Return Capitation data for next Region.	N/A
SCROLL UP (RATES)	Display next previous set of detail Rate data.	N/A
SCROLL UP (REGION)	Return Capitation data for next previous Region.	N/A
REFRESH	Redisplay data on screen from database.	N/A
RETURN	Return to the invoking program (RFT220 Locality Menu or RFT291 Capitation Directory).	N/A
UPDT	This button performs data editing followed by data UPDATE if edits were passed.	N/A

Error Messages

Error	Description	Resolution
5026	AID CATEGORY GROUP IS INVALID FOR RATE TYPE	Enter a valid Aid Category type. See the Field Definitions for valid aid category/rate type explanation.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.

5276	BEGIN DATE ONLY CHANGE NOT ALLOWED	Begin Date change is only allowed if other data fields are changed.
3169	CHOOSE UPDATE TO ADD/UPDATE DATA	Information message.
5269	CLEARFORM IS VALID IN ADD MODE ONLY	Change to the maintenance screen to complete this action.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
68	DATA REFRESHED	Information message.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
5267	FIRST REGION ALREADY BEING DISPLAYED	Information message. No action needed.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/formatting for this field.
5258	INVALID DATA SELECTED PRESS RETURN BUTTON.	Check field for valid data and re-enter.
5268	LAST REGION ALREADY BEING DISPLAYED	Information message. No action needed.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5234	RATE TYPE/AID CATEGORY IS INVALID	Enter a valid Rate Type/Aid Category. See the Field Definitions for valid rate types and aid categories.
5154	RECORD ALREADY EXISTS	Information message. No action needed.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
5210	REGION CODE IS INVALID	Enter a valid Region Code. See the Field Definitions for valid data/formatting.
5329	SEX/AGE RANGE IS INVALID	Enter a valid Sex/Age range. See the Field Definitions for explanation for these codes.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5027	UPDATE RATE TYPE AND AID	Move to the Group Relation table and update the Rate

	CATEGORY GROUP RELATION TABLE IN THE PROGRAM	Type and Aid Category. See the Field Definitions for valid data/formatting for this field.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.
5259	VALUE IS EXCESSIVE	See the Field Definitions for valid data/formatting for this field.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Main Menu (RF-S-004).

3. Select Locality Menu from the drop-menu in the Other box.

4. Choose the Add or Update radio button in the Function field.

5. Choose Enter.

6. You see the Locality Menu Add or Update screen

(RF-S-012-01).

7. Select the Capitation field.

8. Enter the Region Type and Locality Code.

9. Choose the Add or Change button.

10. You see the Capitation Rates screen (RF-S-012-14).

New Functionality 090904: You can now enter a session date in the Session Begin Date field. This session date will be used as the begin date for all entries on the screen that do NOT have a datein the Begin Date fields above the Session Begin Date field.

Screens RF-S-013 Outpatient Services EAPG Codes

General Information

The Outpatient Services EAPG Codes screen presents EAPG rate data. This screen is invoked by the Reference Subsystem Menu (RFT001).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	RFT070
MAPSET	RF070
TRAN ID	VSH7 (Inquiry), VSH8 (Update)

SAMPLE	**Outpatient Services EAPG Codes (RF-S-013)**

MMIS

Help | Print | Lo

| Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL |

| Assessment | Drugs | Reports |

Screen ID: RF-S-013
Trans ID: VSH7
Program ID: RFT070VA

VIRGINIA MEDICAID
OUTPATIENT SERVICES EAPG CODES - INQUIRY

Date: 11/22/20
Time: 10:45

EAPG Code	Weight	BEGIN Date	END Date	Description
001	000.105900	10012012	12319999	PHOTOCHEMOTHERAPY
002	000.884300	10012012	12319999	SUPERFICIAL NEEDLE BIOPSY AND ASPIRATIO
003	000.480900	10012012	12319999	LEVEL I SKIN INCISION AND DRAINAGE
004	002.313300	10012012	12319999	LEVEL II SKIN INCISION AND DRAINAGE
005	000.113500	10012012	12319999	NAIL PROCEDURES
006	000.535600	10012012	12319999	LEVEL I SKIN DEBRIDEMENT AND DESTRUCTIO
007	000.873400	10012012	12319999	LEVEL II SKIN DEBRIDEMENT AND DESTRUCTI
008	001.409600	10012012	12319999	LEVEL III SKIN DEBRIDEMENT AND DESTRUCT
009	001.042500	10012012	12319999	LEVEL I EXCISION AND BIOPSY OF SKIN AND
010	002.167700	10012012	12319999	LEVEL II EXCISION AND BIOPSY OF SKIN AN
011	004.316400	10012012	12319999	LEVEL III EXCISION AND BIOPSY OF SKIN A
012	000.303000	10012012	12319999	LEVEL I SKIN REPAIR
013	000.812100	10012012	12319999	LEVEL II SKIN REPAIR
014	001.917900	10012012	12319999	LEVEL III SKIN REPAIR
015	002.702100	10012012	12319999	LEVEL IV SKIN REPAIR
020	002.943900	10012012	12319999	LEVEL I BREAST PROCEDURES

Start Key Year 2012   EAPG 001

Scroll Up   Scroll Down

Enter   Update   Refresh   Return   Sub Menu   Main Menu

Virginia
Medicaid

MMIS

Help | Print | Log

| Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment |
| Drugs | Reports |

Screen ID: RF-S-013
Trans ID: VSH8
Program ID: RFT070VA

VIRGINIA MEDICAID
OUTPATIENT SERVICES EAPG CODES - UPDATE

Date: 11/22/201
Time: 10:55

EAPG Code	Weight	BEGIN Date	END Date	Description
001	000.105900	10012012	12319999	PHOTOCHEMOTHERAPY
002	000.884300	10012012	12319999	SUPERFICIAL NEEDLE BIOPSY AND ASPIRATIO
003	000.480900	10012012	12319999	LEVEL I SKIN INCISION AND DRAINAGE
004	002.313300	10012012	12319999	LEVEL II SKIN INCISION AND DRAINAGE
005	000.113500	10012012	12319999	NAIL PROCEDURES
006	000.535600	10012012	12319999	LEVEL I SKIN DEBRIDEMENT AND DESTRUCTIO
007	000.873400	10012012	12319999	LEVEL II SKIN DEBRIDEMENT AND DESTRUCTI
008	001.409600	10012012	12319999	LEVEL III SKIN DEBRIDEMENT AND DESTRUCT
009	001.042500	10012012	12319999	LEVEL I EXCISION AND BIOPSY OF SKIN AND
010	002.167700	10012012	12319999	LEVEL II EXCISION AND BIOPSY OF SKIN AN
011	004.316400	10012012	12319999	LEVEL III EXCISION AND BIOPSY OF SKIN A
012	000.303000	10012012	12319999	LEVEL I SKIN REPAIR
013	000.812100	10012012	12319999	LEVEL II SKIN REPAIR
014	001.917900	10012012	12319999	LEVEL III SKIN REPAIR
015	002.702100	10012012	12319999	LEVEL IV SKIN REPAIR
016	000.000000	10012012	12319999	

Start Key Year 2012   EAPG 001

Scroll Up   Scroll Down

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Description
1	EAPG Code (DE5064)	N/A	Code assigned for weight associated with procedures for Enhanced Ambulatory Patient Group Outpatient pricing.
2	Weight (DE5069)	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	Weight associated with procedures for Enhanced Ambulatory Patient Group for Outpatient pricing.
3	BEGIN Date (DE5066)	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	EAPG Begin date
		BEGIN DATE MUST BE >= PREVIOUS BEGIN DATE	

4	END Date (DE5067)	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	EAPG end date
		END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE.	
		DATES OVERLAP EXISTING RECORD(S).	
5	Description (DE5068)	N/A	EAPG Description
6	Start Key Year	MUST BE NUMERIC.	EAPG codes & weights applicable in the mentioned year.
7	EAPG (DE5064)	N/A	EAPG code to be searched

NAVIGATION	**Outpatient Services EAPG Codes (RF-S-013)**	
Function (B) or (M)	Action	Branch To (B) or Return To I
ENTER	This key initiates validation of data that the user has entered on the screen.	N/A
SUB MENU	Return to the Reference Sub-system menu program (RFT001).	N/A
MAIN MENU	Returns to Main System Menu	N/A
SCROLL DOWN	Display next set of detail EAPG Rate data.	N/A
SCROLL UP	Display next previous set of detail Rate data.	N/A
REFRESH	Redisplay data on screen from database.	N/A
RETURN	Return to the invoking program (RFT001 Reference Subsystem Menu).	N/A
UPDATE	This button performs data editing followed by data UPDATE if edits were passed.	N/A

Error Messages		
Error	Description	Resolution
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
15	FUNCTION CHOSEN IS INVALID	Choose another function.

25	RECORD UPDATED	Information message. No action needed.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	Correct the data
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE.	Correct the end date.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/formatting for this field.
77	MUST BE NUMERIC.	Enter numeric data.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
5030	DATES OVERLAP EXISTING RECORD(S).	Correct begin and end dates.
5160	DATA IS CORRECT. YOU MAY NOW UPDATE THE RECORD.	Information message. No action needed.
5267	FIRST REGION ALREADY BEING DISPLAYED	Information message. No action needed.
5429	BEGIN DATE MUST BE >= PREVIOUS BEGIN DATE	Correct begin date.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED.	Information message. No action needed.

Screen Access

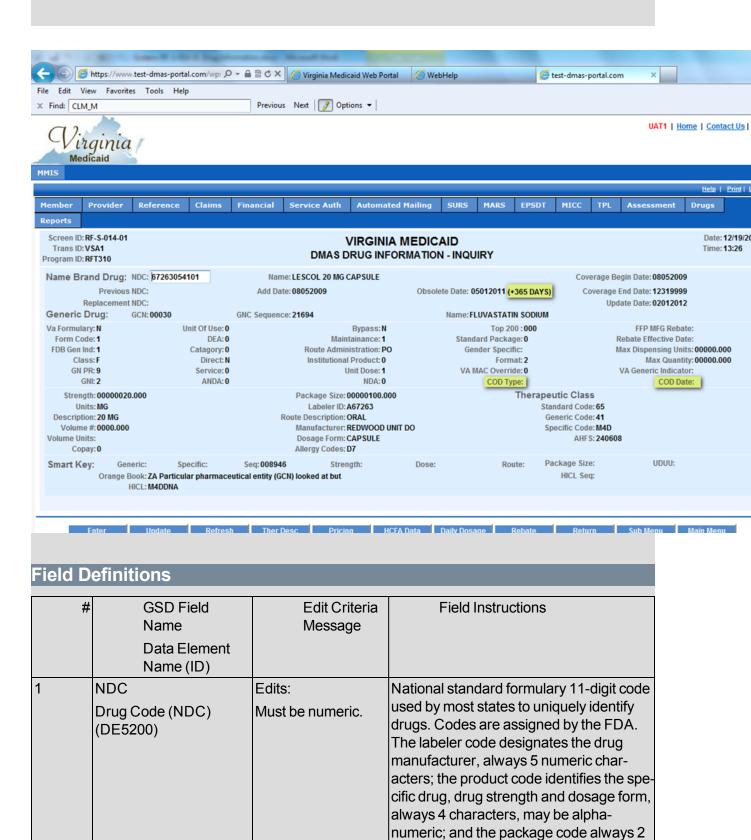| From the VaMMIS Main Menu (RF-S-010): |
|---|
| 1. Choose the Reference button. |
| 2. You see the Reference Main Menu (RF-S-004). |
| 3. Select Outpatient Services EAPG from the drop-menu in the Other box. |
| 4. Choose the Inquiry or Update radio button in the Function field. |
| 5. Choose Enter. |
| 6. You see the Outpatient Services EAPG Codes Inquiry or Update screen |

Screens RF-S-014-01 Drug Information

General Information

The Drug Information screen presents data specific to a National Drug Code (NDC). This screen is invoked from the Reference Subsystem Menu screen (RF-S-04) by selecting 'Inquiry/Update by NDC' from the DRUG drop down window. Note: the ADD function will not be allowed for drugs.

SOURCE/ORIGINATOR	Operator
USAGE	Update
PROGRAM	RFT310
MAPSET	RF310
TRAN ID	VSA1 (Inquiry), VSA2 (Update)

SAMPLE	**Drug Information (RF-S-014-01)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)	Edits: Must be numeric.	National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. National standard formulary 11-digit code used by most states to uniquely identify

			drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric.
			UPDATE (R/U)
			Enter the National Drug Code which identifies the drug.
2	(DRUG BRAND NAME) Drug Brand Name (DE5208)		Name appearing on the drug package label.
			Name appearing on the drug package label. System Displayed.
3	BEG Drug Coverage Begin Date (DE5201)	Edits: Must be valid date format (mmddccyy).	Beginning date of drug coverage.
			Beginning date of drug coverage. Must be valid date format (mmddccyy).
			UPDATE (R/U)
			Enter the date the drug coverage begins.
4	PREV NDC Drug Previous National Drug Code (NDC) (DE5752)		NDC that was previously used for the product. Non-blank value only on those products that have been identified by the manufacturer as replacing an obsolete (discontinued) NDC.
			NDC that was previously used for the product. Non-blank value only on those products that have been identified by the manufacturer as replacing an obsolete (discontinued) NDC. System Displayed.
5	ADD Drug Record Added Date (DE5300)		Date the record was added to the Drug File.
			Date the record was added to the Drug File. System Displayed.
6	OBS Drug Obsolete Date (DE5238)	Edits: Must be valid date format (mmddccyy).	Date on which a drug product is no longer available in the market place per the manufacturer's notification of the best estimate of that date.
			Date on which a drug product is no longer available in the market place per the manufacturer's notification of the best estimate of that date. Must be valid date format (mmddccyy).

			UPDATE (O/U)
			Enter date on which drug is no longer available or leave blank.
			If the obsolete date is not equal to spaces – literal +365 days would be displayed on the screen
7	END Drug Coverage End Date (DE5202)	Edits: Must be valid date format (mmddccyy) if entered; otherwise use default.	Ending date of drug coverage. Ending date of drug coverage. Must be valid date format (mmddccyy) if entered; otherwise use default. UPDATE (O/U) Enter the date the drug coverage ends. If no date is entered, the system will set a default date.
8	REPLACE NDC Drug Replacement National Drug Code (NDC) (DE5753)		New NDC that has replaced the NDC for this product. New NDC that has replaced the NDC for this product. System Displayed.
9	(FUTURE UPC CODE) (DE0000)		'EXCLUDE' 'EXCLUDE'
10	GCN Drug Generic Code Number (GCN) (DE5061)		Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes. Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes. System Displayed.
11	(GCN SEQUENCE NO.) Drug Generic (GSN) Sequence Number (DE5731)		Is a random number representing a generic formulation. Like the Generic Code Number (GCN) (DE 5061), it is specific to the generic ingredient(s), Route of Administration (DE 5736), and Drug Strength (DE 5070). Both are the same across manufacturers and/or package sizes. Unlike the GCN (DE 5061), the GCN Sequence Number is specific to its

			Dosage Form (DE 5043).
			Is a random number representing a generic formulation. Like the Generic Code Number (GCN) (DE 5061), it is specific to the generic ingredient(s), Route of Administration (DE 5736), and Drug Strength (DE 5070). Both are the same across manufacturers and/or package sizes. Unlike the GCN (DE 5061), the GCN Sequence Number is specific to its Dosage Form (DE 5043). System Displayed.
12	(DRUG GEN NAME) Drug Generic Name (DE5747)		Name of the non-brand name drug which is a chemical equivalent to a proprietary drug containing the same ingredients and identical in strength, concentration and dosage form. Name of the non-brand name drug which is a chemical equivalent to a proprietary drug containing the same ingredients and identical in strength, concentration and dosage form. System Displayed.
13	V/F Drug Virginia Formulary Indicator (DE5219)	Edits: Valid values are 'N' (no interchangeable drug codes) and 'Y' (interchangeable drug codes are available).	Indicates a drug as interchangeable. Indicates a drug as a formulary (prescription) item. Indicates a drug as interchangeable. Indicates a drug as a formulary (prescription) item. Valid codes are: 'N' (no interchangeable drug codes) 'Y' (interchangeable drug codes are available). UPDATE (O/U) Enter the valid indicator. If blank, system will generate an 'N'.
14	U/U Drug Unit of Use Code (DE5193)		Denotes those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit. Denotes those packages which are supplied with appropriate labeling and (usually) child resistant closures and are appropriate to dispense as a unit. System Displayed.
15	BYPASS Drug Update Bypass	Edits: Valid values are 'N'	Indicates if update on Drug Code (DE 5200) is to be bypassed.

	Indicator (DE5241)	(do not bypass the batch update for this NDC) and 'Y' (bypass the batch update for this NDC).	Indicates if update on Drug Code (DE 5200) is to be bypassed. Valid codes are: 'N' (do not bypass the batch update for this NDC) 'Y' (bypass the batch update for this NDC). UPDATE (O/U) Enter the valid indicator. If left blank, system generates an 'N'.
17	FFP MFG REBATE Drug Federal Financial Participation (FFP) Rebate Manufacturer Code (DE5197)		Indicates whether this NDC is covered by a a HCFA rebate program agreement. There may be multiple rebate indicators for an NDC. This screen displays the indicator from the segment that is in effect at the time the screen is accessed. DE5216 - REBATE EFF DTE gives the effective date for this rebate indicator. System Displayed.
18	FORM Drug Form Code (DE5206)		Blue Book basic drug measurement unit for performing price calculations. Blue Book basic drug measurement unit for performing price calculations. Must be valid Form Code (see Code Value table). Valid codes are: 1 = Each (tablets, kits, etc.) 2 = ML (liquid) 3 = GM (solids). UPDATE (R/P) Enter a valid Drug Form code.
19	DEA Drug Enforcement Administration (DEA) Code (DE5032)		A code indicating the degree of potential abuse and Federal control of a drug. A code indicating the degree of potential abuse and Federal control of a drug. System Displayed.
20	MAINT Drug Maintenance Code (DE5289)		Distinguishes whether this drug is a maintenance drug. A maintenance drug is one that is used to treat a chronic (lasting longer than one year) illness or condition. Distinguishes whether this drug is a maintenance drug. A maintenance drug is one that is used to treat a chronic (lasting longer than one year) illness or condition. System Displayed.
21	STD PKG IND		Identifies the package size and asso-

	Drug Standard Package Code (DE5217)		ciated price vectors to be used when pricing 'standard package size' which is defined as 100s for non-unit dose, non-prepack tablets and capsules and 473 or 480 ML for liquids.
			Identifies the package size and associated price vectors to be used when pricing 'standard package size' which is defined as 100s for non-unit dose, non-prepack tablets and capsules and 473 or 480 ML for liquids. System Displayed.
22	REBATE EFF DTE Drug Federal Financial Participation (FFP) Rebate Manufacturer Code Date (DE5216)		Effective date for the current rebate indicator (DE 5197). System Displayed.
23	COPAY Drug Co-pay Indicator (DE5071)		Indicates if the drug requires a copay. Indicates if the drug requires a copay. Valid codes are: 0 - No copay applicable for the drug 1 - Copay applicable for the drug. UPDATE (R/U) Enter the change to the indicator which is applicable in determining copay for the drug.
24	CAT Drug Category Code (DE5088)		Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans. Indicates that a drug product belongs to a category that is commonly treated as an exception in third party plans. System Displayed.
25	RTE ADMIN Drug Route of Administration Code (DE5736)		This single byte field contains a code indicating the normal method by which a drug is administered. It's descriptive information can be found in Drug Route Description (DE 5091). This single byte field contains a code indicating the normal method by which a drug is administered. It's descriptive information can be found in Drug Route Description (DE 5091). System Displayed.
26	GENDER SPEC		Identifies drugs that are used exclusively

	Drug Gender-Specific Code (DE5297)		in males, most likely used in males, used exclusively in females or most likely used in females. It can be used to help determine appropriateness of therapy based upon the sex of the patient or infer the sex of a patient.
			Identifies drugs that are used exclusively in males, most likely used in males, used exclusively in females or most likely used in females. It can be used to help determine appropriateness of therapy based upon the sex of the patient or infer the sex of a patient. System Displayed.
27	MAX DISP UNITS Drug Maximum Dispensing Units (DE5209)	Edits: Must be numeric.	Maximum units that can be dispensed at any one time.
			Maximum units that can be dispensed at any one time.
			UPDATE (O/U)
			Enter the maximum dispensing units.
28	CLASS Drug Class Code (DE5059)	Edits: Valid values are: 'O' (Over the Counter), 'F' (Legend), or spaces (not in use).	Designates a drug's availability to the consumer according to federal specifications. Legend drugs require prescriptions and bear the federal caution: 'Federal Law Prohibits Dispensing a Drug without a Prescription'.
			Designates a drug's availability to the consumer according to federal specifications. Legend drugs require prescriptions and bear the federal caution: 'Federal Law Prohibits Dispensing a Drug without a Prescription'. Valid codes are: O = Over the Counter F = Legend spaces = not in use.
			UPDATE (O/U)
			Enter the valid drug class code.
29	DP Drug Direct Price Indicator (DE5203)	Edits: 'Y' means drug is direct priced; 'N' (default) means drug is not direct priced.	Indicates if drug is direct-priced.
			Indicates if drug is direct-priced. Valid codes are: Y = drug is direct priced N = drug is not direct priced.
			UPDATE (O/U)
			Enter the pricing indicator. If left blank, defaults to 'N'.
30	INST PROD	Edits:	Found on products which are specifically

	Drug Institutional Product Code (DE5196)	'1', the product is specifically priced for selected customers; '0' (default), the product is not specifically priced for selected customers.	priced for sale to selected customers. These products are generally available on a limited basis.
			Found on products which are specifically priced for sale to selected customers. These products are generally available on a limited basis. Valid codes are: 1 = the product is specifically priced for selected customers 0 = the product is not specifically priced for selected customers.
			UPDATE (O/U)
			Enter the Institutional Produce Code. If left blank, defaults to '0'.
31	FORMAT IND Drug National Drug Code (NDC) Format Code (DE5192)		Identifies the original ten character format of the NDC (DE 5200) and type of code, i.e. NDC (National Drug Code), UPC (Universal Product Code), HRI (Health Related Item Code) and PIN (Personal Identification Number).
			Identifies the original ten character format of the NDC (DE 5200) and type of code, i.e. NDC (National Drug Code), UPC (Universal Product Code), HRI (Health Related Item Code) and PIN (Personal Identification Number). System Displayed.
32	MAX QUANTITY Drug Maximum Quantity (DE5211)	Edits: Must be numeric.	Maximum quantity in units of drug that is calculated as the product of Drug Maximum Daily Dose and Days (policy).
			Maximum quantity in units of drug that is calculated as the product of Drug Maximum Daily Dose and Days (policy).
			UPDATE (O/U)
			Enter the maximum drug quantity.
33	GN PR Drug Generic Price (DE5039)		This indicator will distinguish a product as either priced as a generic, priced as a brand, or multi-sourced.
			This indicator will distinguish a product as either priced as a generic, priced as a brand, or multi-sourced. System Displayed.
34	SERVICE Drug Service Limit Code (DE5072)		Indicates the restrictions that would apply to certain types of recipients.
			Indicates the restrictions that would apply

			to certain types of recipients. Use the On-line HELP system to find valid codes for this field. UPDATE (O/U) Enter the change to the drug service limit code.
35	UNIT DOSE Drug Unit Dose Code (DE5042)	Edits: Valid values are '1' (packaged in unit doses) or '0' (not packaged in unit doses).	Indicates a drug packaged in individual unit doses. Unit dose is defined by First Data Bank as all products labeled as Unit Dose by the manufacturer. It does not apply to injectable products, suppositories or powder packets. Indicates a drug packaged in individual unit doses. Unit dose is defined by First Data Bank as all products labeled as Unit Dose by the manufacturer. It does not apply to injectable products, suppositories or powder packets. Valid codes are: 0 = All other products 1 = Unit Dose UPDATE (O/U) Enter the unit doses code.
36	TOP 200 Drug Top 200 Code (DE5086)		Indicates if a drug is included in the list of the 200 drug products most frequently dispensed in community and chain pharmacies. Different package sizes and dose forms of the same drug will have the same number. The order is changed annually, based on pharmaceutical market research surveys. Indicates if a drug is included in the list of the 200 drug products most frequently dispensed in community and chain pharmacies. Different package sizes and dose forms of the same drug will have the same number. The order is changed annually, based on pharmaceutical market research surveys. System Displayed.
37	STRENGTH Drug Strength Number (DE5295)		Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a con-

			ventional strength expression for the drug product. For e.g., when the conventional strength is 250MG/5ML, '250' is the Strength Number, 'MG' is the Strength Unit, '5' is the Strength Volume and 'ML' is the Volume Unit.
			Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product. For e.g., when the conventional strength is 250MG/5ML, '250' is the Strength Number, 'MG' is the Strength Unit, '5' is the Strength Volume and 'ML' is the Volume Unit. System Displayed.
38	PKG SIZE Drug Package Size (DE5041)		Indicates the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc. The standard for all single dosage units such as ampul, IV, vials, etc.
			Indicates the metric quantity used to derive a unit price. It is the usual labeled quantity from which the pharmacist dispenses, such as 100 tablets, 1000 capsules, 20 ml vial, etc. The standard for all single dosage units such as ampul, IV, vials, etc. System Displayed.
39	UNITS Drug Strength Units (DE5296)		Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression for the drug product.
			Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a con-

			ventional strength expression for the drug product. System Displayed.
40	LABELER ID Drug Labeler Identifier Code (DE5191)		The FDB code used to uniquely identify the distributor. This field is independent of the National Drug Code (DE 5200) and facilitates the grouping of NDCs by unique distributor. The FDB code used to uniquely identify the distributor. This field is independent of the National Drug Code (DE 5200) and facilitates the grouping of NDCs by unique distributor. System Displayed.
41	STD Drug Therapeutic Class Standard Code (DE5232)		Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme. Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme. System Displayed.
42	DESC Drug Strength Description (DE5070)		Description of drug potency in units of grams, milligrams, percentage, etc. In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units. Description of drug potency in units of grams, milligrams, percentage, etc. In specific instances, strength may be described in mg per n ml, where n is greater than 1, to correspond to the manufacturer's description. Strength is expressed in metric units. System Displayed.
43	ROUTE DESC Drug Route Description (DE5091)		Normal method by which a drug is administered. The current range of descriptions include oral, topical, injection, etc. Normal method by which a drug is administered. The current range of descriptions include oral, topical, injection, etc. System Displayed.
44	GEN		Numeric code used to classify drugs

	Drug Therapeutic Class Generic Code (DE5037)		according to the most common intended use. This classification scheme provides the least specific therapeutic groupings available in the National Drug Data File (NDDF).
			Numeric code used to classify drugs according to the most common intended use. This classification scheme provides the least specific therapeutic groupings available in the National Drug Data File (NDDF). System Displayed.
45	VOL NUM Drug Strength Volume Number (DE5194)		Indicates the volume or weight of the drug product which contains the indicated amounts of active ingredients. This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression of the drug product.
			Indicates the volume or weight of the drug product which contains the indicated amounts of active ingredients. This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Units (DE 5195) to obtain a conventional strength expression of the drug product. System Displayed.
46	MANUFACTURER Drug Man-ufacturer/Distributor Name (DE5040)		Name of distributor as listed on a drug table or as indicated by the NDC (DE 5200). It does not necessarily identify the actual drug fabricator.
			Name of distributor as listed on a drug table or as indicated by the NDC (DE 5200). It does not necessarily identify the actual drug fabricator. System Displayed.
47	SPEC Drug Therapeutic Class Specific Code (DE5735)		Is the most specific therapeutic class coding scheme offered by First Databank and is intended for users who need a very definitive therapeutic classification system.
			Is the most specific therapeutic class coding scheme offered by First Databank and is intended for users who need a very

			definitive therapeutic classification system. System Displayed.
48	VOL UNITS Drug Strength Volume Units (DE5195)		This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Number (DE 5194) to obtain a conventional strength expression of the drug product. This field must be used in conjunction with the Drug Strength Number (DE 5295), the Drug Strength Units (DE 5296) and the Drug Strength Volume Number (DE 5194) to obtain a conventional strength expression of the drug product. There are no valid codes. DMAS has the authority to override what appears.
49	DOSAGE FORM Drug Dosage Form Description (DE5043)	Edits: (See Data Dictionary for valid values.)	Dosage form by which a drug is administered. Descriptive terms include tablets, capsules, cream, etc. Abbreviations are used when possible. Dosage form by which a drug is administered. Descriptive terms include tablets, capsules, cream, etc. Abbreviations are used when possible. Use the On-line HELP system to find valid codes for this field. UPDATE (R/P) Enter the dosage form by which a drug is administered.
50	AHFS Drug Therapeutic Class AHFS Code (DE5290)		Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system. An AHFS number has been assigned for each record included in NDDF whether or not the drug product is in the AHFS. For many drug products, particularly combination products, more than one AHFS code is possible. Conventionally, an AHFS classification is printed with a colon between the second and third digits and a period between the fourth and fifth digits. Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service

			(AHFS) classification system. An AHFS number has been assigned for each record included in NDDF whether or not the drug product is in the AHFS. For many drug products, particularly combination products, more than one AHFS code is possible. Conventionally, an AHFS classification is printed with a colon between the second and third digits and a period between the fourth and fifth digits. System Displayed.
51	ALLERGY CODES Drug Allergy Codes (DE5285)		Comprises 3 allergy codes of two bytes each. These are used to identify and create warnings associated with the use of certain drugs in patients with a history of hypersensitivity to a particular drug or drug class. These codes have application in on-line pharmacy systems utilizing automated patient profiles. These codes are specific to the active therapeutic ingredient(s) of the drug product. Comprises 3 allergy codes of two bytes each. These are used to identify and create warnings associated with the use of certain drugs in patients with a history of hypersensitivity to a particular drug or drug class. These codes have application in on-line pharmacy systems utilizing automated patient profiles. These codes are specific to the active therapeutic ingredient(s) of the drug product. System Displayed.
52	SMART KEY Drug Smart Key Code (DE5287)		The Smart Key is a series of seven data elements arranged in a hierarchical fashion. It classifies all products by Generic Therapeutic Class, Specific Therapeutic Class, Hierarchical Ingredient Code List, Strength, Dosage Form Route of Administration, Package Size and Unit Dose/Unit of Use. The Smart Key can be used to define and maintain formularies, bid lists or it can be used to summarize data. The Smart Key is a series of seven data elements arranged in a hierarchical fashion. It classifies all products by Generic

			Therapeutic Class, Specific Therapeutic Class, Hierarchical Ingredient Code List, Strength, Dosage Form Route of Administration, Package Size and Unit Dose/Unit of Use. The Smart Key can be used to define and maintain formularies, bid lists or it can be used to summarize data. System Displayed.
53	ORANGE BK CD Drug Orange Book Code (DE5754)		Identifies the equivalency ratings assigned to an approved prescription product according to FDA's Approved Drug Products with Therapeutic Equivalence Evaluations. A code is assigned to all products on NDDF regardless of whether it has been evaluated with the prescription section of the Orange Book. Identifies the equivalency ratings assigned to an approved prescription product according to FDA's Approved Drug Products with Therapeutic Equivalence Evaluations. A code is assigned to all products on NDDF regardless of whether it has been evaluated with the prescription section of the Orange Book. System Displayed.
54	(ORANGE BK CD DESCRIPTION) Drug Orange Book Code Description (DE5755)		Description of the Drug Orange Book Code (DE 5754). Description of the Drug Orange Book Code (DE 5754). System Displayed.
55	SEQ Drug Hierarchical Ingredient Code List (HICL) (DE5748)		Comprises a maximum of nine sequenced ingredient codes, termed hierarchical ingredient codes (HICs). Each HIC is a six byte alphanumeric string. Each HIC may contain blank spaces in positions five and six, so imbedded spaces within a HICL would be expected. Comprises a maximum of nine sequenced ingredient codes, termed hierarchical ingredient codes (HICs). Each HIC is a six byte alphanumeric string. Each HIC may contain blank spaces in positions five and six, so imbedded spaces within a HICL would be expected. System Displayed.

56	HICL Seq Drug Hierarchical Ingredient Code List (HICL) Sequence Number (DE5218)		This is the Drug Hierarchical Ingredient Code List (HICL) Sequence Number. (P) It is a unique and randomly assigned 6-byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications. Is a unique and randomly assigned 6 byte numeric field which provides a link from either an NDC (DE 5200) or a GCN Sequence Number (DE 5731) record to the HICL. It can be used to identify a unique combination of ingredients, irrespective of the manufacturer, package size, dosage form, drug strength or route of administration. It can be combined with the Specific Therapeutic Class Code (DE 5735), Route Code (DE 5736), Dosage Form code (DE 5043) and/or Strength Description (DE 5070) for specialized DUR reporting applications. System Displayed.
57	VA GENERIC INDICATOR Virginia Generic Indicator (DE5083)		This is a Virginia-specified generic indicator. See the online HELP system for valid values for this field. This is a Virginia-specified generic indicator. UPDATE: (O/U) To override the FDB branded/generic indicator, enter a value in this field. See the online HELP system for valid values for this field.
58	VA MAC OVERRIDE Drug VA MAC Override (DE5095)		This entry field will be used by DMAS to override MAC pricing. This entry field will be used by DMAS to override MAC pricing.

			UPDATE (O/U)
			Enter a valid override code in this field. See the online HELP system for valid values.
59	FDB GENERIC INDICATOR Drug Generic Indicator (DE5038)		This code differentiates single-source from multiple-source drugs. (P) System-displayed. This code differentiates single-source from multiple-source drugs. (P) System-displayed.
60	DATE LAST UPDATE Drug Last Update Code (DE5188)		This transaction code represents the last file maintenance activity to the record. (P) System-displayed. This transaction code represents the last file maintenance activity to the record. (P) System-displayed.
61	GENERIC NAMED DRUG INDICATOR Generic Named Drug Indicator (DE5093)	Edits: Messages:	The Generic Named Drug Indicator (GNI) specifies whether a product is brand or generic or an alternate brand using the product name as the criteria. The Generic Named Drug Indicator (GNI) specifies whether a product is brand or generic or an alternate brand using the product name as the criteria. System Displayed.
62	NEW DRUG APPLICATION Drug New Drug Application (DE5098)	Edits: Messages:	New Drug Application, if the value is '1' usually means the drug application was submitted as a brand. New Drug Application, if the value is '1' usually means the drug application was submitted as a brand. System Displayed.
63	ABBREVIATED NEW DRUG APPLICATION Drug Abbreviated New Drug Application (DE5099)	Edits: Messages:	Abbreviated New Drug Application, if the value is '1' usually means the drug application was submitted as a generic. Abbreviated New Drug Application, if the value is '1' usually means the drug application was submitted as a generic. System Displayed.
64	COD Type (DE5992)		Covered Outpatient Drug type Possible Values: **Allowed** values for coverage that indicate

			FDA-approved status include:
			01 = Abbreviated New Drug Application (ANDA)
			02 = Biologics License Application (BLA)
			03 = New Drug Application (NDA)
			04 = NDA Authorized Generic
			07 = Prescription Pre-Natal Vitamin or Fluoride
			08 = Prescription Dietary Supplement/Vitamin/Mineral (Other than Prescription Pre-Natal Vitamin or Fluoride)
			10 = OTC Monograph Final
			11 = Unapproved Drug – Drug Shortage
			These codes listed below would **NOT** be allowed for coverage (claims will deny)
			05 = DESI 5* – LTE/IRS drug for all indications
			06 = DESI 6* – LTE/IRS drug withdrawn from market
			09 = OTC Monograph Tentative
			12 = Unapproved Drug – Per 1927(k)(2)(A)(ii)
			13 = Unapproved Drug – Per 1927(k)(2)(A)(iii)
65	COD Begin Date (DE5993)		Start date the COD will begin

NAVIGATION	Drug Information (RF-S-014-01)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
DAILY DOSAGE	Displays the drug Daily Dosage screen	RF-S-014-05 (B)

ENTER	Validates and updates data changed on the screen; selects another drug code if entered.	RF-S-014-01 ()
SUB MENU	Returns to the Reference Subsystem Menu without updating	RF-S-004 (R)
HCFA DATA	Displays the drug HCFA data screen	RF-S-014-04 (B)
MAIN MENU	Invokes the MMIS Main Menu	N/A
PRICING	Invokes the drug Pricing screen	RF-S-014-02 (B)
REBATE	Invokes the drug Rebate screen	RF-S-014-08 (B)
REFRESH	Rereads the database and redisplays the data.	RF-S-014-01 ()
RETURN	Returns the initial map	N/A
THER DESC	Invokes the drug Therapeutic Class Description screen	RF-S-014-06 (B)
UPDT	Confirms the desire to update the data on the screen in Update mode. Not valid in Inquiry mode.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5110	BYPASS INDICATOR ENTERED IS INVALID	Information message.
5114	CHOOSE UPDATE BUTTON TO UPDATE	Choose the update button.
95	CICS ERROR	Contact ACS Operations for assistance.
5111	COPAY INDICATOR IS INVALID	Information message.
5106	DIRECT PRICE INDICATOR ENTERED IS INVALID	Enter a valid Direct Price Indicator. See the Field Definitions for specifications on valid Direct Price Indicators.
5109	DISPENSING UNIT INDICATOR ENTERED IS INVALID	Enter a valid Dispensing Unit Indicator. See the Field Definitions for specifications on valid Dispensing Unit Indicators.
5107	DRUG CLASS CODE ENTERED IS INVALID	Enter a valid Drug Class Code. See the Field Definitions for valid Drug Class Codes.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5	END DATE MUST BE GREATER THAN BEGIN DATE	Enter an End Date that falls after the begin date. See the Field Definitions for valid end/begin date specifications.
5117	ENTER NDC NUMBER	Enter a valid NDC number. See the Field Definitions for

		formatting/requirements for this field.
5100	ENTER NDC NUMBER NO UPDATES WERE ATTEMPTED.	Enter a valid NDC number. See the Field Definitions for formatting/requirements for this field.
5108	FORM CODE ENTERED IS INVALID	Enter a valid Form Code. See the Field Definitions for valid formatting/requirements for this field.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5120	INQUIRIES ONLY; NO UPDATES ALLOWED	Switch to the maintenance screen to complete the update task.
5105	INST PRODUCT CODE ENTERED IS INVALID	Research, then enter a new Inst Product Code. See the Field Definitions for valid data/formatting for this field.
5386	INVALID KEY CHOOSE EXIT TO RETURN TO PREVIOUS SUBSYSTEM.	Check field for valid data and re-enter.
5232	MAX DISPOSITION ENTERED IS INVALID	Enter a valid Maximum Disposition. See the Field Definitions for valid data/formatting Max Disposition.
5104	MAXIMUM QUANTITY NOT NUMERIC	Enter a numeric maximum quantity. See the Field Definitions for valid data/formatting for maximum quantity.
5056	MUST ENTER BEGIN DATE	Enter a valid Begin Date in the field. See the Field Definitions for valid values for the field.
5116	NDC ENTERED NOT FOUND	The NDC Entered data was not found. Research the Field Definitions for valid values for this field, if necessary.
5113	NDC MUST BE NUMERIC	Enter a numeric NDC. See the Field Definitions for valid values for the field.
5115	NDC NOT FOUND FOR UPDATE	The NDC entered to be updated was not found. Research the Field Definitions for valid values for this field, if necessary.
5101	NEW NDC NOT FOUND NO UPDATES WERE ATTEMPTED.	The new NDC entered data was not found. Research the Field Definitions for valid values for this field, if necessary.
5200	NO CHANGES WERE MADE UPDATE NOT PERFORMED.	Information message. No action needed.
5118	NO UPDATES WERE MADE ON PREVIOUS NDC	Information message.
5119	OBSOLETE DATE ENTERED IS INVALID	Enter a valid date. See the Field Definitions for valid data/formatting for this field.
25	RECORD UPDATED	Information message. No action needed.
5103	SERVICE LIMIT CODE ENTERED IS INVALID	Enter a valid Service Limit Code. See the Field Definitions for explanation for these codes.
5102	UNIT DOSE ENTERED IS INVALID	Enter a valid Unit Dose. See the Field Definitions for data/formatting for this field.
5112	VA FORM INDICATOR ENTERED	See the Field Definitions for valid data/formatting for this

IS INVALID	field.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Subsystem Menu (RF-S-004).

3. Choose Inquiry/Update by NDC from the Drug drop-menu.

4. Choose the Update radio button in the Function box.

5. Enter an 11-digit Drug Code in the Value field.

6. Choose Enter.

7. You see the Drug Information screen (RF-S-014-01).

Screens RF-S-014-02 Drug Information - Pricing

General Information

The Drug Information Pricing screen presents pricing data specific to a National Drug Code (NDC). This screen is invoked from the Drug Information screen (RF-S-014-01) by pressing the PRICING button.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	RFT320
MAPSET	RF320
TRAN ID	VSA5 (Inquiry), VSA6 (Update)

SAMPLE	Drug Information - Pricing (RF-S-014-02)

MMIS

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs

Reports

Screen ID: RF-S-014-02   **VIRGINIA MEDICAID**   Date:12/15/2
Trans ID: VSA5   **DRUG INFORMATION - PRICING - UPDATE**   Time:13:36
Program ID: RFT320

Code #: 00071053523   Date Added: 07011987   Begin Date: 07011987
Name: ACCUPRIL 40 MG TABLET   End Date: 12319999

History	Amount	Begin Date	Source	Update Date		
Reference Cost (REF):	000000002.75811	06012014	A	06112014		
AVG Acquisition (AAC):	000000000.00000		FDB			
Federal Upper Limit (FUL):	000000000.25000	11062008	FDB	10222008		
Rolling 3 Month FUL (R3FUL):	000000000.00000					
Direct Unit Price (DUP):	000000002.64488	06012014	FDB	06112014		
Wholesale Unit Cost (WAC):	000000002.64488	06012014	FDB	06112014		
Average Wholesale (AWP):	000000003.17389	06012014	MED	06112014	01082014	07102013
Vendor MAC (VMC):	000000000.97234	02242014	G	02262014		
Speciality MAC (SMAC):	000000000.00000					
DMAS Override (DMAS):	000000000.00000					

Enter	Update	Refresh	REF Hist	AAC Hist	FUL Hist	R3FUL Hist	DUP Hist	Return	Sub Menu	Main Menu
			WAC Hist	AWP Hist	VMC Hist	SMAC Hist	DMAS Hist			

Field Definitions

#	GSD Field Name / Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. System Displayed.
2	NAME Drug Brand Name (DE5208)		Name appearing on the drug package label. Name appearing on the drug package label. System Displayed.
3	DATE ADDED Drug Record Added Date (DE5300)		Date the record was added to the Drug File. Date the record was added to the Drug File. System Displayed.
4	(FUTURE UPC CODE) (DE0000)		'EXCLUDE' 'EXCLUDE'
5	BEG Drug Coverage Begin Date (DE5201)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be	Beginning date of drug coverage. Beginning date of drug coverage. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. This date may be changed for an update. Date may not fall after the Drug Coverage End Date. For an ADD transaction, the date can fall before a prior

		changed for an update. - Date may not fall after the Drug Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	date, on the current date, or on a future date.
6	END Drug Coverage End Date (DE5202)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Drug Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	Ending date of drug coverage. Ending date of drug coverage. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. Date may not fall before the Drug Coverage Begin Date. Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. Drug Coverage End Date can not be changed if there is another attribute being changed in the same transaction. If end date is null or a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. If Drug Coverage End Date falls before the current date, then it may not be changed.
7	AMOUNT Drug Price Amount (DE5220)	Edits: Must be numeric (5 decimal places implied). Messages:	The price amount for the drug, based on the price type. The price amount for the drug, based on the price type. UPDATE (O/U) Enter the drug price amount which is based on the price type.
8	BEGIN Drug Price Effective	Edits: Must be valid date	Effective date of Drug Price. Effective date of Drug Price. Must be valid

		format (mmddccyy); default is current date.	date format (mmddccyy).
	Date (DE5222)		UPDATE (O/U)
			Enter the date of which the drug price is effective. If left blank, the date will default to the current date.
9	SOURCE Drug Price Source Code (DE5221)	Edits: Valid values are 'A' (Blue Book AWP), 'B' (Direct Price), 'C' (VMAC [75th percentile]), 'D' (FMAC), 'E' (VMAP), and 'G' (VMC).	Source of Drug Price. Source of Drug Price. Valid codes are: A = Blue Book AWP B = Direct Price C = VMAC [75th percentile] D = FMAC E = VMAP. UPDATE (O/U) Enter the drug price source change.
10	LAST UPD Row Update Date (DE0011)		Update date of Drug Price. Update date of Drug Price. System Displayed.
11	DRUG PRICE TYPE Drug Price Type (DE5205)	Edits: Price Types are: - REFERENCE COST. - BRAND NECESSARY (DAW). - DRUG COST. - UNIT DOSE PRICE (UD) - FEDERAL MAC (MAC). - DIRECT UNIT PRICE (DUP). - WHOLESALE UNIT PRICE (WAC). - AVG WHOLESALE (AWP). -AVG ACQUISITION (AAC) - SPECIALTY MAC - N/A VIRGINIA MAC (60TH UD).	N/A

		- N/A VIRGINIA MAC (75TH NON-UD). See Codes Value table. Messages:	

NAVIGATION	**Drug Information - Pricing (RF-S-014-02)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Validates and updates data changed on the screen..	AM-S-002 ()
SUB MENU	Returns to the Reference Subsystem Menu without updating	AM-S-001 (B)
REF COST HIST	Displays Reference Cost pricing history	AM-S-001 (B)
BRAND HIST	Displays Brand Necessary pricing history	AM-S-001 (B)
DRUG COST HIST	Displays Drug Cost, pricing history.	AM-S-001 (B)
UNIT DOSE HIST	Displays Unit Dose Price pricing history.	AM-S-001 (B)
FMAC HIST	Displays Federal MAC pricing history.	AM-S-001 (B)
DIRECT UNIT HIST	Displays Direct Unit Price pricing history.	AM-S-001 (B)
WAC HIST	Displays Wholesale Unit Price pricing history.	AM-S-001 (B)
AWP HIST	Displays Average Wholesale pricing history.	AM-S-001 (B)
VMC HIST	Displays Virginia MAC pricing history.	AM-S-001 (B)
SMAC HIST	Displays Virginia MAC (75th UD) pricing history.	AM-S-001 (B)
MAIN MENU	Returns to MMIS Main Menu	N/A
REFRESH	Rereads the database and redisplays the data.	N/A
RETURN	Returns to previous screen without updating	N/A
UPDT	Confirms the update of changed data on the screen.	N/A

Error Messages

Error	Description	Resolution
5193	BRAND NECESSARY BEGIN DATE IS BEFORE THE CURRENT DATE	Enter a valid Brand Necessary Begin date.
5194	BRAND NECESSARY BEGIN DATE IS INVALID	Enter a valid Brand Necessary Begin date. See the Field Definitions for valid Brand Necessary Begin date

		explanations.
5195	BRAND NECESSARY PRICE IS INVALID	Enter a valid Brand Necessary Begin date. See the Field Definitions for valid Brand Necessary Begin date explanations.
5192	BRAND NECESSARY SOURCE IS INVALID	Enter a valid Brand Necessary Source. See the Field Definitions for valid Brand Necessary Source explanations.
5114	CHOOSE UPDATE BUTTON TO UPDATE	Choose the update button.
5189	DRUG COST BEGIN DATE IS BEFORE THE CURRENT DATE	Enter a Drug Cost Begin Date that falls after the current date.
5190	DRUG COST BEGIN DATE IS INVALID	Enter a valid Drug Cost Begin Date. See the Field Definitions for valid dates for this field.
5191	DRUG COST PRICE IS INVALID	Enter a valid Drug Cost Price. See the Field Definitions for valid dates for this field.
5188	DRUG COST SOURCE IS INVALID	Enter a valid Drug Cost Source. See the Field Definitions for valid dates for this field.
5181	FED MAC BEGIN DATE IS BEFORE THE CURRENT DATE	Enter a FED MAC date that falls after the current date.
5182	FEDERAL MAC BEGIN DATE IS INVALID	Enter a valid Federal MAC date. See the Field Definitions for valid formatting/requirements for this field.
5183	FEDERAL MAC PRICE IS INVALID	Enter a valid Federal MAC price. See the Field Definitions for valid formatting/requirements for this field.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5120	INQUIRIES ONLY; NO UPDATES ALLOWED	Switch to the maintenance screen to complete the update task.
5200	NO CHANGES WERE MADE UPDATE NOT PERFORMED.	Information message. No action needed.
5214	NO HISTORY EXISTS FOR THIS PRICE TYPE	Information message.
5180	NV MAC (60TH NON-UD) PRICE IS INVALID	See the Field Definitions for valid data/formatting for this field.
25	RECORD UPDATED	Information message. No action needed.
5197	REF COST BEGIN DATE IS BEFORE THE CURRENT DATE	Enter a Reference Cost Begin date that falls after the current date.
5199	REFERENCE COST AMOUNT IS INVALID	Enter a valid Reference Cost Amount. See the Field Definitions for valid Reference Cost Amount formatting/data.
5198	REFERENCE COST BEGIN DATE IS INVALID	Enter a valid Reference Cost Begin Date. See the Field Definitions for valid Reference Cost Begin Date.
5196	REFERENCE COST SOURCE IS INVALID	Enter a valid Reference Cost Source. See the Field Definitions for valid Reference Cost Source format-

		ting/data.
5185	UNIT DOSE BEGIN DATE IS BEFORE THE CURRENT DATE	Enter a Unit Dose Begin Date that falls after the current date.
5186	UNIT DOSE BEGIN DATE IS INVALID	Enter a valid Unit Dose Begin Date. See the Field Definitions for data/formatting for this field.
5187	UNIT DOSE PRICE IS INVALID	Enter a valid Unit Dose Price. Research the Field Definitions for valid data/formatting for this field.
5184	UNIT DOSE PRICE SOURCE IS INVALID	Enter a valid Unit Dose Price Source. Research the Field Definitions for valid data/formatting for this field.
5179	VA MAC (60TH NON-UD) DATE IS INVALID	Enter a valid VA MAC date.
5177	VA MAC (75TH NON-UD) PRICE IS INVALID	Enter a valid price.
5176	VIRGINIA MAC (75TH NON-UD) DATE IS INVALID	Information message.
5178	VM60 BEGIN DATE IS BEFORE THE CURRENT DATE	Enter a VM60 Begin Date that falls after the current date.
5175	VM75 BEGIN DATE IS BEFORE THE CURRENT DATE	Change the begin date.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Subsystem Menu (RF-S-004).

3. Choose Inquiry/Update by NDC from the Drug drop-menu.

4. Choose the Update radio button in the Function box.

5. Enter an 11-digit Drug Code in the Value field.

6. Choose Enter.

7. You see the Drug Information screen (RF-S-014-01).

8. Choose the Pricing button.

9. You see the Drug Information - Pricing screen (RF-S-014-02).

New Screen Functionality: The begin date/end date parameters have changed for these date fields:

Drug Coverage

As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Subsystem.

Screens RF-S-014-03 Drug Information (Pricing History)

General Information

The Drug Information (Pricing History) screen presents historical pricing data specific to a National Drug Code (NDC). This screen is invoked from the Drug Information Pricing screen (RF-S-014-02) by pressing the HIST button next to the pricing history desired.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT330
MAPSET	RF330
TRAN ID	VSA9 (Inquiry)

SAMPLE	Drug Information (Pricing History) (RF-S-014-03)

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs

Reports

Screen ID: RF-S-014-03   **VIRGINIA MEDICAID**   Date: 12/15/2014
Trans ID: VSA9   **DRUG INFORMATION -- HISTORY - INQUIRY**   Time: 13:42
Program ID: RFT330

NDC: 00071053523   Date Added: 07011987   Begin Date: 07011987
Name: ACCUPRIL 40 MG TABLET   End Date: 12319999

Type of Pricing History: REFERENCE COST

Amount	Begin Date	Source	Update Date
000000002.75811	06012014	A	06112014
000000002.57764	01012014	A	01082014
000000002.40905	07012013	A	07102013
000000002.25148	01012013	A	01092013
000000002.14430	07012012	A	07112012
000000002.04224	01012012	A	01112012
000000001.85830	07012011	A	07132011
000000001.76976	07012011	E	06292011
000000001.82780	01012011	A	01122011
000000001.91924	10012010	A	07132011

Scroll Up   Scroll Down

****

Return   Sub Menu   Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. N/A
2	NAME Drug Brand Name (DE5208)		Name appearing on the drug package label. N/A
3	DATE ADDED Drug Record Added Date (DE5300)		Date the record was added to the Drug File. N/A
4	(FUTURE UPC CODE) (DE0000)		'EXCLUDE' N/A
5	BEG Drug Coverage Begin Date (DE5201)		Beginning date of drug coverage. N/A
6	END Drug Coverage End Date (DE5202)		Ending date of drug coverage. N/A
7	TYPE OF PRICING HISTORY (DE0000)		The type of pricing history. N/A
8	AMOUNT Drug Price Amount (DE5220)	Edits: Price Types: 'WAC' (Wholesale Acquisition Cost), 'UD ' (Unit Dose), 'AWP (Average Wholesale	The price amount for the drug, based on the price type. N/A

		Price), V60 (VMAC Unit Dose 60th percentile), 'V75' (VMAC Non-unit dose 75th percentile), 'DUP' (Direct Unit Price), 'MAC' (Federal MAC), 'DAW' (Brand Necessary), 'REF' (Reference Cost). See Codes Value table.	
9	BEGIN Drug Price Effective Date (DE5222)		Effective date of Drug Price. N/A
10	SOURCE Drug Price Source Code (DE5221)		Source of Drug Price. N/A
11	LAST UPD Row Update Date (DE0011)		Update date of Drug Price. N/A

NAVIGATION	**Drug Information (Pricing History) (RF-S-014-03)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through the pricing history	PS-S-001 ()
SUB MENU	Returns to the Reference Subsystem Menu without updating	AM-S-002 (R)
SCROLL DOWN	Scrolls forward through the pricing history	N/A
MAIN MENU	Returns to MMIS Main Menu	N/A
RETURN	Returns to the previous screen	AM-S-002 (R)

Error Messages

Error	Description	Resolution
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5023	LAST RECORD IS ALREADY	Information message. No action needed.

BEING DISPLAYED	

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Subsystem Menu (RF-S-004).

3. Choose Inquiry/Update by NDC from the Drug drop-menu.

4. Choose the Inquiry radio button in the Function box.

5. Enter an 11-digit Drug Code in the Value field.

6. Choose Enter.

7. You see the Drug Information screen (RF-S-014-01).

8. Choose the Pricing button.

9. You see the Drug Information - Pricing screen (RF-S-014-02).

10. Choose the History button.

11. You see the Drug Information (Pricing History) screen (RF-S-014-03).

Screens RF-S-014-04 Drug Inform-ation (HCFA Data)

General Information

The Drug Information (HCFA Data) screen presents HCFA data specific to a National Drug Code (NDC). This screen is invoked from the Drug Information screen (RF-S-014-01) by pressing the HCFA DATA button.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	RFT340
MAPSET	RF340
TRAN ID	VSB1 (Inquiry), VSB2 (Update)

SAMPLE	Drug Information (HCFA Data) (RF-S-014-04)

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Virginia Medicaid

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs

Reports

Screen ID: RF-S-014-04
Trans ID: VSB1
Program ID: RFT340

VIRGINIA MEDICAID
DRUG INFORMATION - INQUIRY

Date: 12/18/2014
Time: 07:55

NDC: 00005010001   Date Added: 11282014   Begin Date: 11282014
Name: TRUMENBA 120MCG/0.5 SYRINGE   End Date: 12319999

CMS Data

Approval Date: 12319999
Termination Date: 12319999

Common Procedure Code:
DESI Code: 0
DESI Effective Date: 12319999
Drug Category:
Drug Type Indicator:
COD Type: 01
COD Date: 12/12/2014

****

Enter	Update	Refresh	Return	Sub Menu	Main Menu

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. System Displayed.
2	NAME Drug Brand Name (DE5208)		Name appearing on the drug package label. Name appearing on the drug package label. System Displayed.
3	DATE ADDED Drug Record Added Date (DE5300)		Date the record was added to the Drug File. Date the record was added to the Drug File. System Displayed.
4	(FUTURE UPC CODE) (DE0000)		'EXCLUDE' 'EXCLUDE'
5	BEG Drug Coverage Begin Date (DE5201)		Beginning date of drug coverage. Beginning date of drug coverage. System Displayed.
6	END Drug Coverage End Date (DE5202)		Ending date of drug coverage. Ending date of drug coverage. System Displayed.
7	HCFA APPROVAL		FDA Approval Date as supplied on the

	DATE Drug HCFA Approval Date (DE5110)		Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor. FDA Approval Date as supplied on the Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor. System Displayed.
8	HCFA TERMINATION DATE Drug HCFA Termination Date (DE5112)	Edits: Must be valid date format (mmddccyy) if entered. This is the HCFA Termination Date from the current NDC row. Messages: HCFA TERMINATION DATE CANNOT BE LESS THAN NDC ADDED DATE. HCFA TERMINATION DATE IS INVALID	Termination Date as supplied on the Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor. The date represents the shelf life expiration date of the last batch produced. The HCFA Termination Date from the first and second prior NDC row is also listed. Termination Date as supplied on the Healthcare Finance Administration's quarterly tape. The date is actually supplied to HCFA from the drug manufacturer/distributor. The date represents the shelf life expiration date of the last batch produced. The HCFA Termination Date from the first and second prior NDC row is also listed. Must be valid date format (mmddccyy) if entered. UPDATE (O/U) Enter the expiration date of the last batch produced. The date should by supplied by the drug manufacturer/distributor.
9	HCFA TERMINATION DATE Drug HCFA Termination Date (DE5112)	Edits: This is the HCFA Termination Date from the first prior NDC row. It is display only and cannot be updated. Messages: N/A	'EXCLUDE' 'EXCLUDE'
10	HCFA TERMINATION DATE Drug HCFA Termination Date	Edits: This is the HCFA Termination Date from the second prior NDC row. It is display	'EXCLUDE' 'EXCLUDE'

	(DE5112)	only and cannot be updated. Messages: N/A	
11	HCFA COMMON PROCEDURE CODE Drug HCFA Common Procedure Code (HCPC) (DE5286)		Codes used for billing supplies, materials, injections and certain services and procedures to Medicare. Codes used for billing supplies, materials, injections and certain services and procedures to Medicare. System Displayed.
12	HCFA DESI CODE Drug HCFA DESI Code (DE5105)		DESI Code as supplied on the Healthcare Finance Administration's quarterly tape. The code identifies the DESI status of the NDC drug record, and the effective date identifies when the status took effect. DESI Code as supplied on the Healthcare Finance Administration's quarterly tape. The code identifies the DESI status of the NDC drug record, and the effective date identifies when the status took effect. System Displayed.
13	HCFA DESI EFFECTIVE DATE Drug HCFA DESI Effective Date (DE5288)	Edits: Must be valid date format (mmddccyy).	Effective date of the HCFA DESI Code (DE 5105). Effective date of the HCFA DESI Code (DE 5105). Must be valid date format (mmddccyy). UPDATE (C/U) Enter the date of which the HCFA DESI code is effective.
14	HCFA DRUG CATEGORY Drug HCFA Drug Category Code (DE5104)		Indicates the Federal Drug Administration Drug Category Code supplied on the Healthcare Finance Administration's quarterly tape. This indicator identifies single source, multi-source or innovator status. The data is actually supplied to HCFA from the drug manufacturer/distributor. Indicates the Federal Drug Administration Drug Category Code supplied on the Healthcare Finance Administration's quarterly tape. This indicator identifies single source, multi-source or innovator status. The data is actually supplied to HCFA from the drug manufacturer/distributor. System Dis-

			played.
15	HCFA DRUG TYPE INDICATOR Drug HCFA Drug Type Code (DE5113)		Drug Type Indicator as supplied on the Healthcare Finance Administration's quarterly tape. The indicator expresses the prescription or over-the-counter status of the drug product. Drug Type Indicator as supplied on the Healthcare Finance Administration's quarterly tape. The indicator expresses the prescription or over-the-counter status of the drug product. System Displayed.
15	COD Type (DE5992)		Covered Outpatient Drug type Possible Values: **Allowed** values for coverage that indicate FDA-approved status include: 01 = Abbreviated New Drug Application (ANDA) 02 = Biologics License Application (BLA) 03 = New Drug Application (NDA) 04 = NDA Authorized Generic 07 = Prescription Pre-Natal Vitamin or Fluoride 08 = Prescription Dietary Supplement/Vitamin/Mineral (Other than Prescription Pre-Natal Vitamin or Fluoride) 10 = OTC Monograph Final 11 = Unapproved Drug – Drug Shortage These codes listed below would **NOT** be allowed for coverage (claims will deny) 05 = DESI 5* – LTE/IRS drug for all indications 06 = DESI 6* – LTE/IRS drug withdrawn from market 09 = OTC Monograph Tentative

			12 = Unapproved Drug – Per 1927(k)(2)(A) (ii)
			13 = Unapproved Drug – Per 1927(k)(2)(A) (iii)
16	COD Begin Date (DE5993)		Start date the COD will begin

NAVIGATION	**Drug Information (HCFA Data) (RF-S-014-04)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Validates data changed on the screen.	AM-S-002 ()
SUB MENU	Returns to the Reference Subsystem Menu without updating	AM-S-001 (R)
MAIN MENU	New Screen Action	N/A
REFRESH	New Screen Action	N/A
RETURN	Returns to previous screen without updating	PS-S-001 (R)
UPDT	New Screen Action	N/A

Error Messages

Error	Description	Resolution
5114	CHOOSE UPDATE BUTTON TO UPDATE	Choose the update button.
5283	DESI EFFECTIVE DATE CANNOT BE LESS THAN NDC ADDED DATE	Information message.
5282	DESI EFFECTIVE DATE CANNOT BE LESS THAN NDC BEGIN DATE	Information message.
5204	DESI EFFECTIVE DATE IS INVALID	Enter a valid DESI effective date. See the Field Definitions for specifications on DESI effective dates.
5203	DESI EFFECTIVE DATE MUST BE NUMERIC	Enter a valid DESI effective date. See the Field Definitions for specifications on DESI effective dates.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5284	HCFA TERMINATION DATE CANNOT BE LESS THAN NDC ADDED DATE	Information message.
5202	HCFA TERMINATION DATE IS	Research the HCFA termination date and enter a valid ter-

	INVALID	mination date. See the Field Definitions for valid data/-formatting for this field.
5120	INQUIRIES ONLY; NO UPDATES ALLOWED	Switch to the maintenance screen to complete the update task.
5200	NO CHANGES WERE MADE UPDATE NOT PERFORMED.	Information message. No action needed.
5213	NO HCFA DATA FOUND FOR THIS NDC	Information message.
25	RECORD UPDATED	Information message. No action needed.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Subsystem Menu (RF-S-004).
3. Choose Inquiry/Update by NDC from the Drug drop-menu.
4. Choose the Add or Update radio button in the Function box.
5. Enter an 11-digit Drug Code in the Value field.
6. Choose Enter.
7. You see the Drug Information screen (RF-S-014-01).
8. Choose the HCFA Data button.
9. Choose Enter.
10. You see the Drug Information (HCFA Data) screen (RF-S-014-04).

Screens RF-S-014-05 Drug Information (Daily Dosage Data)

General Information

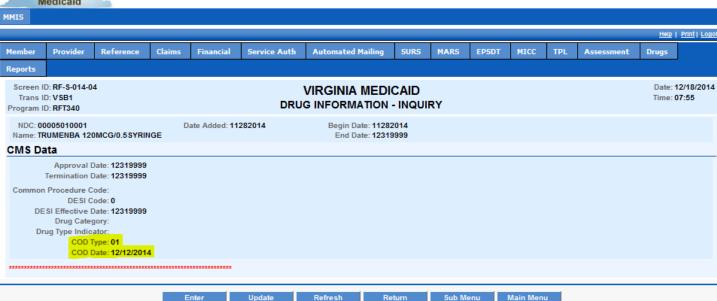The Drug Information (Daily Dosage Data) screen presents daily dosage data specific to a National Drug Code (NDC). This screen is invoked from the Drug Information screen (RF-S-014-01) by pressing the DAILY DOSAGE button.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT350
MAPSET	RF350
TRAN ID	VSB5 (Inquiry)

SAMPLE	Drug Information (Daily Dosage Data) (RF-S-014-05)

Virginia Medicaid

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Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL
Assessment	Drugs	Reports									

Screen ID: RF-S-014-05
Trans ID: VSB5
Program ID: RFT350

Date: 12/15/20
Time: 14:57

VIRGINIA MEDICAID
DRUG INFORMATION - INQUIRY

NDC: 00022144438   Date Added: 01142009   Begin Date: 01142009
Name: THEOPHYLLINE 80 MG/15MLELIXIR   End Date: 12319999

	Minimum Daily Dose				Maximum Daily Dose			
	Daily Dose		Daily Units		Daily Dose		Daily Units	
	Units	Quantity	Form	Quantity	Units	Quantity	Form	Quantity
Adult:	MG	300.000	ML	56.250	MG	900.000	ML	168.750
Geriatric:	MG	300.000	ML	56.250	MG	900.000	ML	168.750
MMAR Absolute:	MG	300.000	ML	56.250	MG	900.000	ML	168.750
MMGR Absolute:	MG	300.000	ML	56.250	MG	900.000	ML	168.750

Pediatric

	Age (DAYS)	Daily Dose		Daily Units	
		Units	Quantity	Form	Quantity
Min:	30	10	3.600000	03	0.675000
Max:	34	10	6.600000	03	1.237500
Min:	35	10	3.600000	03	0.675000
Max:	41	10	6.820000	03	1.278750
Min:	42	10	5.760000	03	1.080000
Max:	48	10	7.040000	03	1.320000
Min:	49	10	5.940000	03	1.113750
Max:	55	10	7.260000	03	1.361250

Scroll Up   Scroll Down

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be

			alphanumeric. N/A
2	NAME Drug Brand Name (DE5208)		Name appearing on the drug package label. N/A
3	DATE ADDED Drug Record Added Date (DE5300)		Date the record was added to the Drug File. N/A
4	(FUTURE UPC CODE) (DE0000)		'EXCLUDE' N/A
5	BEG Drug Coverage Begin Date (DE5201)		Beginning date of drug coverage. N/A
6	END Drug Coverage End Date (DE5202)		Ending date of drug coverage. N/A
7	ADULT MINIMUM DAILY DOSE UNITS MMA_MNDU		See FDB MedKnowledge Documentation
8	ADULT MINIMUM DAILY DOSE QTY MMA_MND		See FDB MedKnowledge Documentation
9	ADULT MINIMUM DAILY UNITS FORM MMA_MNUF		See FDB MedKnowledge Documentation
10	ADULT MINIMUM UNITS QTY MMA_MNU		See FDB MedKnowledge Documentation
11	ADULT MAXIMUM DAILY DOSE UNITS MMA_MXDU		See FDB MedKnowledge Documentation
12	ADULT MAXIMUM DAILY DOSE QTY MMA_MXD		See FDB MedKnowledge Documentation
13	ADULT MAXIMUM DAILY UNITS FORM MMA_MXUF		See FDB MedKnowledge Documentation
14	ADULT MAXIMUM UNITS QTY MMA_MXU		See FDB MedKnowledge Documentation
15	GERIACTRIC MINIMUM DAILY DOSE UNITS MMG_MNDU		See FDB MedKnowledge Documentation
16	GERIACTRIC		See FDB MedKnowledge Documentation

	MINIMUM DAILY DOSE QTY MMG_MND		
17	GERIACTRIC MINIMUM DAILY UNITS FORM MMA_MNUF		See FDB MedKnowledge Documentation
18	GERIACTRIC MINIMUM UNITS QTY MMA_MNU		See FDB MedKnowledge Documentation
19	GERIACTRIC MAXIMUM DAILY DOSE UNITS MMA_MXDU		See FDB MedKnowledge Documentation
20	GERIACTRIC MAXIMUM DAILY DOSE QTY MMA_MXD		See FDB MedKnowledge Documentation
21	GERIACTRIC MAXIMUM DAILY UNITS FORM MMA_MXUF		See FDB MedKnowledge Documentation
22	GERIACTRIC MAXIMUM UNITS QTY MMA_MXU		See FDB MedKnowledge Documentation
23	MMAR ABSOLUTE MINIMUM DAILY DOSE UNITS MMAR_MNDU		See FDB MedKnowledge Documentation
24	MMAR ABSOLUTE MINIMUM DAILY DOSE QTY MMAR_MND		See FDB MedKnowledge Documentation
25	MMAR ABSOLUTE MINIMUM DAILY UNITS FORM MMAR_MNUF		See FDB MedKnowledge Documentation
26	MMAR ABSOLUTE MINIMUM UNITS QT MMAR_MNU		See FDB MedKnowledge Documentation
27	MMAR ABSOLUTE MAXIMUM DAILY UNITS FORM MMAR_MXDU		See FDB MedKnowledge Documentation

28	MMAR ABSOLUTE MAXIMUM UNITS QTY MMAR_MXD		See FDB MedKnowledge Documentation
29	MMAR ABSOLUTE MAXIMUM DAILY UNITS FORM MMAR_MXUF		See FDB MedKnowledge Documentation
30	MMAR ABSOLUTE MAXIMUM UNITS QTY MMAR_MXU		See FDB MedKnowledge Documentation
31	MMGR ABSOLUTE MINIMUM DAILY DOSE UNITS MMGR_MNDU		See FDB MedKnowledge Documentation
32	MMGR ABSOLUTE MINIMUM DAILY DOSE QTY MMGR_MND		See FDB MedKnowledge Documentation
33	MMGR ABSOLUTE MINIMUM DAILY UNITS FORM MMGR_MNUF		See FDB MedKnowledge Documentation
34	MMGR ABSOLUTE MINIMUM UNITS QTY MMGR_MNU		See FDB MedKnowledge Documentation
35	MMGR ABSOLUTE MAXIMUM DAILY UNITS FORM MMGR_MXDU		See FDB MedKnowledge Documentation
36	MMGR ABSOLUTE MAXIMUM UNITS QTY MMGR_MXD		See FDB MedKnowledge Documentation
37	MMGR ABSOLUTE MAXIMUM DAILY UNITS FORM MMGR_MXUF		See FDB MedKnowledge Documentation
38	MMGR ABSOLUTE MAXIMUM UNITS QTY MMGR_MXU		See FDB MedKnowledge Documentation
39	Minimum AGE DAYS PDM_MNAGE		See FDB MedKnowledge Documentation
40	Minimum Daily Dose		See FDB MedKnowledge Documentation

	Units PDM_MNDU		
41	Minimum Daily Dose Quantity PDM_MND		See FDB MedKnowledge Documentation
42	Minimum Daily Units Form PDM_MNUF		See FDB MedKnowledge Documentation
43	Minimum Daily Units Quantity PDM_MXD		See FDB MedKnowledge Documentation
44	Maximum AGE DAYS PDM_MXAGE		See FDB MedKnowledge Documentation
45	Maximum Daily Dose Units PDM_MXD		See FDB MedKnowledge Documentation
46	Maximum Daily Dose Quantity PDM_MXDU		See FDB MedKnowledge Documentation
47	Maximum Daily Units Form PDM_MXUF		See FDB MedKnowledge Documentation
48	Maximum Daily Units Quantity PDM_MXU		See FDB MedKnowledge Documentation

NAVIGATION	Drug Information (Daily Dosage Data) (RF-S-014-05)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SUB MENU	Returns to the Reference Subsystem Menu without updating.	PS-S-160 PS-S-161 (R)
MAIN MENU	Invokes the MMIS Main Menu	N/A
RETURN	Returns to the invoking program.	N/A
PF7	Scrolls Backward	N/A
PF8	Scrolls Forward	N/A

Error Messages

Error	Description	Resolution
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5212	NO DOSAGE DATA FOUND FOR THIS NDC	Information message.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	First record of the cursor is being displayed on the screen
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Last record of the cursor is being displayed on the screen
6025	MAXIMUM NUMBER OF SCREENS REACHED	You cannot scroll forward any more

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Subsystem Menu (RF-S-004).

3. Choose Inquiry/Update by NDC from the Drug drop-menu.

4. Choose the Inquiry radio button in the Function box.

5. Enter an 11-digit Drug Code in the Value field.

6. Choose Enter.

7. You see the Drug Information screen (RF-S-014-01).

8. Choose the Daily Dosage button.

9. You see the Drug Information (Daily Dosage Data) screen (RF-S-014-05).

Screens RF-S-014-06 Drug Information (Therapeutic Class Data)

General Information

The Drug Information (Therapeutic Class Data) screen presents four therapeutic classes, along with descriptions, specific to a National Drug Code (NDC). The classes include the following: Standard, Generic, Specific, and AHFS. This screen is invoked from the Drug Information screen (RF-S-014-01) by pressing the THER DESC button.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT360
MAPSET	RF360
TRAN ID	VSB9 (Inquiry)

SAMPLE	Drug Information (Therapeutic Class Data) (RF-S-014-06)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug man-ufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be

			alphanumeric.
			N/A
2	NAME Drug Brand Name (DE5208)		Name appearing on the drug package label. N/A
3	DATE ADDED Drug Record Added Date (DE5300)		Date the record was added to the Drug File. N/A
4	(FUTURE UPC CODE) (DE0000)		'EXCLUDE' N/A
5	BEGIN Drug Coverage Begin Date (DE5201)		Beginning date of drug coverage. N/A
6	END Drug Coverage End Date (DE5202)		Ending date of drug coverage. N/A
7	STANDARD Drug Therapeutic Class Standard Code (DE5232)		Classifies drugs according to the most common intended use. This coding scheme is intended for users who need a definitive but not comprehensive therapeutic class scheme. N/A
8	STANDARD THERAPEUTIC CLASS DESCRIPTIONS Drug Therapeutic Class Standard Description (DE5293)		Description of the Standard Therapeutic Class Code (DE 5293). N/A
9	GENERIC Drug Therapeutic Class Generic Code (DE5037)		Numeric code used to classify drugs according to the most common intended use. This classification scheme provides the least specific therapeutic groupings available in the National Drug Data File (NDDF). N/A
10	GENERIC THERAPEUTIC CLASS DESCRIPTIONS Drug Therapeutic Class Generic		Description of the Generic Therapeutic Class Code (DE 5294). N/A

	Description (DE5294)		
11	SPECIFIC Drug Therapeutic Class Specific Code (DE5735)		Is the most specific therapeutic class coding scheme offered by First Databank and is intended for users who need a very definitive therapeutic classification system. N/A
12	SPECIFIC THERAPEUTIC CLASS DESCRIPTIONS Drug Therapeutic Class Specific Description (DE5292)		Description of the Specific Therapeutic Class Code (DE 5292). N/A
13	AHFS Drug Therapeutic Class AHFS Code (DE5290)		Identifies the pharmacologic therapeutic category of the drug product according to the American Hospital Formulary Service (AHFS) classification system. An AHFS number has been assigned for each record included in NDDF whether or not the drug product is in the AHFS. For many drug products, particularly combination products, more than one AHFS code is possible. Conventionally, an AHFS classification is printed with a colon between the second and third digits and a period between the fourth and fifth digits. N/A
14	AHFS THERAPEUTIC CLASS DESCRIPTIONS Drug Therapeutic Class AHFS Description (DE5291)		Description of AHFS Therapeutic Class Code (DE 5290). N/A

NAVIGATION	Drug Information (Therapeutic Class Data) (RF-S-014-06)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SUB MENU	Returns to the Reference Subsystem Menu without updating.	N/A

| MAIN MENU | Invokes the MMIS Main Menu | N/A |
| RETURN | Returns to the previous screen | PS-S-009 (R) |

Error Messages

Error	Description	Resolution
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Subsystem Menu (RF-S-004).

3. Choose Inquiry/Update by NDC from the Drug drop-menu.

4. Choose the Inquiry radio button in the Function box.

5. Enter an 11-digit Drug Code in the Value field.

6. Choose Enter.

7. You see the Drug Information screen (RF-S-014-01).

8. Choose the Daily Dosage button.

9. You see the Drug Information (Daily Dosage Data) screen (RF-S-014-05).

10. Choose the Therapeutic Description button.

11. You see the Drug Information (Therapeutic Class Data) (RF-S-014-06).

Screens RF-S-014-07 National Drug Code Inquiry

General Information

The National Drug Code (NDC) Inquiry screen presents a scrollable list of drug codes, names and manufacturer for selection by drug code. This screen is invoked from the Reference Subsystem Menu screen (RF-S-004) by entering the appropriate key value and associated data value.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT370
MAPSET	RF370
TRAN ID	VSC1 (Inquiry)

SAMPLE	National Drug Code Inquiry (RF-S-014-07)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NDC Drug Code (NDC) (DE5200)	Edits: Must be numeric.	National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code

			always 2 characters, may be alpha-numeric.
			INQUIRY (O/U)
			Enter a valid drug code if inquiry is desired by NDC.
			N/A
2	(DRUG NAME) Drug Brand Name (DE5208)		Name appearing on the drug package label.
			INQUIRY (O/U)
			Enter the drug package name if inquiry is desired by Drug Name.
			N/A
3	GCN Drug Generic Code Number (GCN) (DE5061)	Edits: Must be numeric.	Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes.
			INQUIRY (O/U)
			Enter the drug generic code number if inquiry is desired by GCN.
			N/A
4	(DRUG GENERIC NAME) Drug Generic Name (DE5747)		Name of the non-brand name drug which is a chemical equivalent to a proprietary drug containing the same ingredients and identical in strength, concentration and dosage form.
			INQUIRY (O/U)
			Enter the non-brand name of the drug if inquiry is desired by Drug Generic Name.
			N/A
6	DRUG CODE Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs.
			N/A
7	DRUG NAME Drug Brand Name (DE5208)		Name appearing on the drug package label.
			N/A
8	MANUFACTURER Drug Man-ufacturer/Distributor		Name of distributor as listed on a drug table or as indicated by the NDC (DE 5200). It does not necessarily identify the

	Name (DE5040)		actual drug fabricator. N/A
9	E R G P C MC Calculated (DE0002)	Edits: Field contains 6 values with headings E R G P C MC E = 5238 - DRUG-OBSOLETE, value Y or N R = C-DRUG-FFP-REBATE G = 5083 - VA-GENERIC-IND P = 5039 - C-GENERIC-PRICE C = 5059 - C-DRUG-CLASS MC = derived by 5205 - C-PRICE-TYPE-CVAL = 'V75' and 5220 - N-DRUG-PRICE-AMT > 0; value Y or N	Indicates a drug as interchangeable. Indicates a drug as a formulary (prescription) item. N/A
10	GCN Drug Generic Code Number (GCN) (DE5061)		Random number representing the generic formula of a drug. It is specific to generic ingredient combination, Route of Administration (DE 5736), Dosage Form (DE 5043) and Drug Strength (DE 5070). It is the same across manufacturers and/or package sizes. N/A
11	GCN GENERIC NAME Drug Generic Name (DE5747)		Name of the non-brand name drug which is a chemical equivalent to a proprietary drug containing the same ingredients and identical in strength, concentration and dosage form. N/A
12	STRENGTH Drug Strength Number (DE5295)		Usually expressed in the metric system. This data element must be used in conjunction with the Drug Strength Unit (DE 5296), the Drug Strength Volume Number (DE 5194) and the Drug Strength Volume Units (DE 5195) to obtain a con-

			ventional strength expression for the drug product. For e.g., when the conventional strength is 250MG/5ML, '250' is the Strength Number, 'MG' is the Strength Unit, '5' is the Strength Volume and 'ML' is the Volume Unit. N/A
13	DOSAGE FORM Drug Dosage Form Description (DE5043)		Dosage form by which a drug is administered. Descriptive terms include tablets, capsules, cream, etc. Abbreviations are used when possible. N/A
14	GT Drug Therapeutic Class Generic Code (DE5037)	Edits: Must enter GT and ST together. Other fields must be spaced out	'EXCLUDE' Enter a generic therapeutic class value in this field. You must enter a generic therapeutic class along with a standard therapeutic class to return a result.
15	ST Drug Therapeutic Class Standard Code (DE5232)	Edits: Must enter GT and ST together. Other fields must be spaced out	N/A Enter a standard therapeutic class value in this field. You must enter a standard therapeutic class along with a generic therapeutic class value to return a result.

NAVIGATION	**National Drug Code Inquiry (RF-S-014-07)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through the displayed drug codes	PS-S-024 ()
SUB MENU	Returns to the Reference Subsystem Menu	PS-S-026 (R)
SCROLL DOWN	Scrolls forward through the displayed drug codes	PS-S-023 ()
Main	Returns to the MMIS Main Menu	N/A
RETURN	Returns to the initiating subsystem	N/A
ENTER	Selects/Displays drug code based on data entered	PS-S-013 (B)

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5385	CHOOSE ENTER TO SELECT LISTING	Information message.

95	CICS ERROR	Contact ACS Operations for assistance.
5233	ENTER SELECTION CRITERIA AND CHOOSE ENTER	Enter valid values according to error message specifications.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5221	GCN ENTERED IS INVALID	Information message.
5222	INVALID SELECTION ENTRY; MUST ENTER 'X'	Check field for valid data and re-enter.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
5113	NDC MUST BE NUMERIC	Enter a numeric NDC. See the Field Definitions for valid values for the field.
5220	NO MATCHES FOUND FOR CRITERIA ENTERED	Information message.
5224	NO NDCs WERE FOUND THAT MATCH CRITERIA ENTERED	Information message.
5128	PLEASE MAKE A SELECTION	Information message.
5384	REQUESTED PAGE IS DISPLAYED	Information message.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Subsystem Menu (RF-S-004).

3. Choose a selection from the Drug drop-menu.

4. Choose the Inquiry radio button in the Function box.

5. Enter a valid GCN, a valid trade name, a valid generic name, a partial NDC in the Value field or (ST & GT).

6. Choose Enter.

7. You see the National Drug Code screen (RF-S-014-07).

RF-S-014-08

DESCRIPTION	**DRUG REBATE INFORMATION HISTORY(RF-S-014-08)**

The Drug Rebate Information screen presents historical rebate data specific to a National Drug Code (NDC). This screen is invoked from the Drug Information screen (RF-S-014-01) by pressing the REBATE button. The screen has two modes. By default the screen is in inquiry mode. By clicking the "Update" button authorized user are shown the update mode.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry / Update
PROGRAM	RFT380
MAPSET	RF380
TRAN ID	VSE9 (Inquiry) VSF1 (Update)

SAMPLE	**Drug Rebate Information (RF-S-014-08)**

Inquiry Mode

Virginia Medicaid

MMIS

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC
Drugs	Reports									

Screen ID: RF-S-014-08
Trans ID: VSE9
Program ID: RFT380

VIRGINIA MEDICAID
REBATE INFORMATION HISTORY - INQUIRY

VSE9   RFT380

NDC: 51552109605   Name: PENICILLAMINE POWDER   Date Added: 0810?
Begin Date: 08102006   End Date: 12319999

	Rebate	Begin Date	User	Last Upd	Deleted
	1	10011994	INITIAL	12092010	N

Labeler Entry: 1   10011994   12012010

| Enter | Update | Hide Deleted | Return | Sub Menu | Main Menu |

Done   Internet

Update Mode

VIRGINIA MEDICAID
REBATE INFORMATION HISTORY - UPDATE

Screen ID: RF-S-014-08
Trans ID: VSE9
Program ID: RFT380

VSE9   RFT380

NDC: 51552109605   Name: PENICILLAMINE POWDER   Date A
Begin Date: 08102006   End Date: 12319999

Select	Rebate	Begin Date	User	Last Upd	Delet
☐	0	12022010	XA145	12022010	N
☐	0	12011994	XA145	12022010	Y
☐	1	10011994	INITIAL	12012010	N

Add: ☐   ☐
Labeler Entry: 1   10011994   05162003

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions

1	NDC Drug Code (NDC) (DE5200)		National standard formulary 11-digit code used by most states to uniquely identify drugs. Codes are assigned by the FDA. The labeler code designates the drug manufacturer, always 5 numeric characters; the product code identifies the specific drug, drug strength and dosage form, always 4 characters, may be alphanumeric; and the package code always 2 characters, may be alphanumeric. N/A
2	NAME Drug Brand Name (DE5208)		Name appearing on the drug package label. N/A
3	DATE ADDED Drug Record Added Date (DE5300)		Date the record was added to the Drug File. N/A
4	BEG Drug Coverage Begin Date (DE5201)		Beginning date of drug coverage. N/A
5	END Drug Coverage End Date (DE5202)		Ending date of drug coverage. N/A
6	Select Select the row for update		Update Mode Only N/A
7	Rebate Indicator (DE5197)		Rebateable ("1") or Non-Rebateable ("0")
8	Rebate Effective Date (DE5186)		The date this rebate indicator becomes effective.
9	User (DE2035)		User or function that added or deleted this rebate indicator. If manually updated then ACF2 user ID. If initial load of table the "INITIAL". If added by First Databank weekly update the "FDB".
10	LAST UPD Row Update Date (DE0011)		Update date of Drug Rebate. N/A
11	Deleted (DE????)		Is this segment ignored during POS adjudication? Not Deleted ("N") means used in POS Deleted ("Y") means not used in POS.

12	Add Rebate Indicator (DE5197)		Rebateable ("1") or Non-Rebateable ("0") Visible only in Update mode.
12	Rebate Effective Date (DE5186)		The date this rebate indicator becomes effective. Visible only in Update mode.
13	Labeler Rebate Indicator (DE5197)		Historical value for rebate indicator before new RF_NDC_REBATE table. Rebateable ("1") or Non-Rebateable ("0"). This data is from RF_LABELER and is for research purposes only
14	Labeler Rebate Effective Date (DE5186)		Historical value for rebate effective date before new RF_NDC_REBATE table. The date this rebate indicator becomes effective. This data is from RF_LABELER and is for research purposes only.

NAVIGATION	**Drug Rebate Information (RF-S-014-08)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Scrolls backward through the pricing history	N/A
SCROLL DOWN	Scrolls forward through the pricing history	N/A
ENTER	Process changes made to input fields. (UPDATE only)	N/A
UPDATE	Switches to Update mode for ACF2 users with permission to CICS Transaction VSE1.	N/A
HIDE/DELETE	Toggles display between all rebate segments and only non-deleted rebate segments.	N/A
RETURN	Returns to the previous screen	AM-S-002 (R)
SUB MENU	Returns to the Reference Subsystem Menu without updating	AM-S-002 (R)
MAIN MENU	Returns to MMIS Main Menu	N/A

Error Messages

Error	Description	Resolution
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
65	FUNCTION KEY IS NOT CURRENTLY ACTIVE	The function selected cannot complete the task. Choose another Function.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
	KEY "#" TO DEACTIVATE A REBATE ENTRY	Information message. No action needed.
	REBATE DATE MUST BE VALID DATE OR SPACE	Rebate Effective Date is not a valid date. Correct and press ENTER.
	ROW ALREADY EXISTS - NOT ADDED	

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Subsystem Menu (RF-S-004).
3. Choose Inquiry/Update by NDC from the Drug drop-menu.
4. Choose the Inquiry radio button in the Function box.
5. Enter an 11-digit Drug Code in the Value field.
6. Choose Enter.
7. You see the Drug Information screen (RF-S-014-01).
8. Choose the REBATE button.
9. You see the Drug REBATE Information screen (RF-S-014-08).

Screens RF-S-015 ICD Diagnosis/Length of Stay

General Information

The Diagnosis Length of Stay screen presents detailed information about each ICD Diagnosis Code identified in the MMIS. It is invoked by the Reference Subsystem Menu screen (RF-S-004) and can be used to view or update data for the diagnosis.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	RFT045
MAPSET	RF045
TRAN ID	VSC2 (Inquiry), VSC3 (Update)

SAMPLE	ICD Diagnosis/Length of Stay (RF-S-015)

Member	Provider	Reference	Claims	Financial	Service Auth	Automated Mailing	SURS	MARS	EPSDT	MICC	TPL	Assessment	Drugs
Reports													

Screen ID: RF-S-015 Trans ID: VSC3 Program ID: RFT045VA Date: 06/28 Time: 10:22

VIRGINIA MEDICAID
ICD DIAGNOSIS/LENGTH OF STAY - UPDATE

Diagnosis Code: 01000 ICD Version: 9 Diagnosis Coverage: Begin Date: 07011969 End Date: 03312013

Description: Prim TB INF-exam NOS Begin Date End Dat

Acute/Trauma: N Age: Minimum: 00 Maximum: 999 Auto Error Code:

SEX: Edit Flag: V MDC: 04 Previous Auto Error Code:

Family Planning: N Como Flag: C HCFA: Emergency Indicator:

Service Auth Ind: N Como Code: Original: Previous Emergency Indicator:

Procedure Class:

LOS key:	010					010					Single DX	Multiple DX	Single DX Surgery	Multiple DX Surgery	Single No Surgery	Multiple No Surgery
Begin Date:	10/01/2012					10/01/2011										
Percentile	00-19	20-34	35-49	50-64	65+	00-19	20-34	35-49	50-64	65+						
10:	03	04	03	05	06	03	09	03	05	08	00	04	00	08	00	04
25:	03	04	03	05	08	03	10	06	05	08	00	05	00	09	00	04
50:	03	04	03	12	09	03	10	15	05	09	00	09	00	09	00	05
75:	03	07	15	31	09	07	19	20	21	09	00	15	00	31	00	12
90:	03	15	15	31	17	24	22	27	21	29	00	31	00	31	00	15
95:	03	15	15	31	17	24	22	27	21	29	00	31	00	31	00	15
99:	03	15	15	31	17	24	22	27	21	29	00	31	00	31	00	17
								Average Length of Stay:			000.0	011.7	000.0	019.2	000.0	007.9

Enter	Update	Refresh	Included VS	Excluded VS	Return	Sub Menu	Main Menu

Field Definitions

#	GSD Field Name / Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	DIAG CODE / Diagnosis Code (DE5301)		Identifies a diagnosed medical condition; the ICD coding structure is used. INQUIRY (R/U) If inquiry is desired on another Diagnosis Coed, key and press or click enter. Identifies a diagnosed medical condition; the ICD coding structure is used. UPDATE (R/U) If update is desired on another Diagnosis Coed, key and press or click enter.
1.1	ICD Version / ICD Version Indicator (DE5341)	Edits: Must be a '9' for ICD-9 or '0' for ICD-10.	Indicates the ICD version of the diagnosis code. Indicates the ICD version of the diagnosis code.
2	BEG / Diagnosis Coverage Begin Date (DE5318)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Diagnosis Coverage End Date. - For an ADD trans-action, the date can fall before a prior date, on the current date, or on a future date.	Beginning date of coverage for a diagnosis. Beginning date of coverage for a diagnosis. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Diagnosis Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. UPDATE (R/U) Enter the diagnosis coverage begin date.
3	END / Diagnosis Coverage End Date (DE5319)	Edits: For an add or update transaction, the data	Ending date of coverage for a diagnosis. Ending date of coverage for a diagnosis. For an add or update transaction, the data

		must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Diagnosis Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to.	must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Diagnosis Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date--so long as all other edits are adhered to. UPDATE (O/U) Enter the diagnosis coverage ending date.
4	DESCRIPTION Diagnosis Name (DE5302)		Generally accepted nomenclature for a diagnosis. Generally accepted nomenclature for a diagnosis. System Displayed.
5	ACUTE/TRAUMA Diagnosis Acute/Trauma Indicator (DE5310)	Edits: Valid values are 'N' (not an acute/traumatic condition) and 'Y' (an acute/traumatic condition). 'N' is the default.	Indicates whether a diagnosis is an acute or traumatic condition. If so, the claim may be flagged for TPL follow-up. Indicates whether a diagnosis is an acute or traumatic condition. If so, the claim may be flagged for TPL follow-up. UPDATE (O/U) Enter the diagnosis/trauma indicator. Valid codes are: N = not an acute/traumatic condition Y = an acute/traumatic condition. If left blank, 'N' is the default.
6	AGE: MIN Diagnosis Minimum Age (DE5304)	Edits: Must be numeric or spaces. When AGE-MAX is completed also, AGE - MIN cannot be greater than AGE-MAX. Messages: MISSING/INVALID	Minimum age of the recipient to which a diagnosis is restricted. Minimum age of the recipient to which a diagnosis is restricted. UPDATE (O/U) Enter the recipient minimum age to which a diagnosis is restricted. Must be numeric or spaces.

		DATA; CORRECT HIGHLIGHTED FIELD(S) MIN CANNOT BE GREATER THAN MAX	
7	AGE: MAX Diagnosis Maximum Age (DE5305)	Edits: Must be numeric or spaces. When AGE-MIN is completed also, AGE - MAX cannot be less than AGE-MIN. Messages: MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S) MAX CANNOT BE LESS THAN MIN	Maximum age of the recipient to which a diagnosis is restricted. Maximum age of the recipient to which a diagnosis is restricted. UPDATE (O/U) Enter the recipient minimum age to which a diagnosis is restricted. Must be numeric or spaces.
8	AUTO ERR CODE Claim Error ESC Code (DE5506)	Edits: Must be valid claim error ESC code from existing claims edits.	Automatically pends/denies a claim for this diagnosis. A valid Auto Error Code must be entered to designate which reason on the Error Text File is associated with the denial. Automatically pends/denies a claim for this diagnosis. A valid Auto Error Code must be entered to designate which reason on the Error Text File is associated with the denial. UPDATE (O/U) Enter the diagnosis auto error code (up to 4-digits).
9	EFF DATE Diagnosis Auto Error Effective Date (DE5309)	Edits: Required if Auto Error is entered; must be in valid date format (mmddccyy).	Beginning date on which the Diagnosis Auto Error Code for a diagnosis is in effect. Beginning date on which the Diagnosis Auto Error Code for a diagnosis is in effect. Required if Auto Error is entered; must be in valid date format (mmddccyy). UPDATE (C/U) Enter the date on which the diagnosis auto error code for a diagnosis begins.
10	AUTO ERR END Automatic Error End Date (DE5131)		The end date of the Automatic Error Code for the procedure. The end date of the Automatic Error Code

			for the procedure. Must be in valid date format (mmddccyy).
			ADD (O/U)
			Enter the end date of the Automatic Error Code for the procedure.
			UPDATE (O/U)
			Enter the change to the end date of the Automatic Error Code for the procedure.
10.1	Previous Auto Error Code Claim Error ESC Code (DE5506)		Code which previously automatically pended/denied a claim for this diagnosis. Code which previously automatically pended/denied a claim for this diagnosis. System Displayed.
10.2	Previous Begin Date Diagnosis Auto Error Effective Date (DE5309)		The previous beginning date on which the Diagnosis Auto Error Code for a diagnosis is in effect. The previous beginning date on which the Diagnosis Auto Error Code for a diagnosis is in effect. System Displayed.
10.3	Previous Auto Err End Date Automatic Error End Date (DE5131)		The previous end date of the Automatic Error Code for the procedure. The previous end date of the Automatic Error Code for the procedure. System Displayed.
11	SEX Diagnosis Sex Restriction Code (DE5303)	Edits: Valid values are '0' (neutral, not gender-specific), '1' (used exclusively in males, '2' (most likely used in males), '3' (used exclusively for females), or '4' (most likely used in females).	Indicates whether a diagnosis is restricted by the sex of the recipient. Indicates whether a diagnosis is restricted by the sex of the recipient. UPDATE (O/U) Enter the sex for which a diagnosis is restricted to a recipient. Valid codes are: F = Female only M = Male only Space = No restrictions.
12	EDIT FLAG Diagnosis Edit Flag (DE5311)		The Medicare Code Editor (MCE) considers some codes questionable or unacceptable for reporting diagnoses or procedures. This flag indicates the reason the diagnosis code is considered questionable or unacceptable. The Medicare Code Editor (MCE) considers some codes questionable or unac-

			ceptable for reporting diagnoses or procedures. This flag indicates the reason the diagnosis code is considered questionable or unacceptable. System Displayed.
13	MDC Diagnosis MDC (DE5314)		Each diagnosis code carries an MDC (Major Diagnostic Category) group number as a cross reference for assignment into DRGs. This represents the MDC most likely to be assigned by the Medicare Grouper logic. Each diagnosis code carries an MDC (Major Diagnostic Category) group number as a cross reference for assignment into DRGs. This represents the MDC most likely to be assigned by the Medicare Grouper logic. System Displayed.
14	FP Diagnosis Family Planning Indicator (DE5316)		Indicates whether a diagnosis is family planning related. If so, the claim will be eligible for the increased FFP for Family Planning Services. Indicates whether a diagnosis is family planning related. If so, the claim will be eligible for the increased FFP for Family Planning Services. UPDATE (O/U) Enter the code to indicate if a diagnosis is related to family planning. Valid codes are: N = Not family planning related Y = Family planning related.
15	COMO FLAG Diagnosis Combo Flag (DE5312)		This flag is set to 'Y' if code is comorbidity/complication and indicates a secondary condition causing 1-day increase in LOS for 75% of patients. This flag is set to 'Y' if code is comorbidity/complication and indicates a secondary condition causing 1-day increase in LOS for 75% of patients. System Displayed.
16	HCFA Diagnosis HCFA (DE5315)		This code is set to 'Y' for operating room procedures. This code is set to 'Y' for operating room procedures. System Displayed.
17	EMERGENCY IND	Edits:	Indicates whether or not the diagnosis is an emergency, and if so, whether admission is

	Diagnosis Emergency Code (DE5322)	Valid values are '1' (emergency, pay), '2' (non-emergency, suspend), '3' (non-emergency, pay at reduced rate), or '4' (consider on an individual basis).	allowed. Indicates whether or not the diagnosis is an emergency, and if so, whether admission is allowed. UPDATE (O/P) Enter the code to indicate if the diagnosis is an emergency. Valid codes are: 1 = Emergency, pay 2 = Non-emergency, suspend 3 = Non-emergency, pay at reduced rate 4 = Consider on an individual basis.
18	EFF DATE Diagnosis Emergency Code Effective Date (DE5342)	Edits: Required if Emergency Code entered; must be a valid date format (mmddccyy).	Effective date of Diagnosis Emergency Indicator. Effective date of Diagnosis Emergency Indicator. Required if Emergency Code entered; must be a valid date format (mmddccyy). UPDATE (C/U) Enter the date for which the diagnosis emergency indicator is effective.
19	EMERGENCY IND END Emergency End Date (DE5132)		The end date of the Emergency Code for the procedure. The end date of the Emergency Code for the procedure. Must be in valid date format (mmddccyy). ADD (O/U) Enter the end date of the Emergency Code for the procedure. UPDATE (O/U) Enter the change to end date of the Emergency Code for the procedure.
19.1	Previous Emerg Diagnosis Emergency Code (DE5322)		Indicates whether or not the previous diagnosis was an emergency, and if so, whether admission was allowed. Indicates whether or not the previous diagnosis was an emergency, and if so, whether admission was allowed. System Displayed.
19.2	Previous Emer Begin Date Diagnosis Emergency Code Effective		Effective date of the previous Diagnosis Emergency Indicator. Effective date of the previous Diagnosis Emergency Indicator. System Displayed.

	Date (DE5342)		
19.2	Previous Emer End Date Emergency End Date (DE5132)		The previous end date of the Emergency Code for the procedure. The previous end date of the Emergency Code for the procedure. System Displayed.
20	PA Diagnosis Prior Authorization Indic-ator (DE5321)		Indicates whether prior authorization is required before submission of the dia-gnosis on a claim. Indicates whether prior authorization is required before submission of the dia-gnosis on a claim. UPDATE (C/U) Enter the code to indicate if prior author-ization is required before the claim dia-gnosis is submitted. Valid codes are: N = No prior authorization required Y = Prior authorization required.
21	COMO CODE Diagnosis Como Code (DE5313)		Indicates principal or secondary diagnosis. Indicates principal or secondary diagnosis. System Displayed.
22	ORIG Diagnosis Original (DE5317)		Indicates the original group number point-ing to this diagnosis. This is Virginia specific data and is only used for the purpose of cap-turing data prior to implementation of the new MMIS. Indicates the original group number point-ing to this diagnosis. This is Virginia specific data and is only used for the purpose of cap-turing data prior to implementation of the new MMIS. System Displayed.
23	PCLASS Diagnosis Procedure Class Indicator (DE5340)		95th percentile that the length-of-stay (LOS) data represents for a diagnosis for the specified age range/group. 95th percentile that the length-of-stay (LOS) data represents for a diagnosis for the specified age range/group. System Dis-played.
24	LOS KEY HCIA LOS Group (DE5467)		The Length of Stay (LOS) group number which tells which table in the LOS file will provide norms for specific ICD codes. 'ALL' indicates use of default statistics from HCIA where specific statistics were unavailable. The Length of Stay (LOS) group number

			which tells which table in the LOS file will provide norms for specific ICD codes. 'ALL' indicates use of default statistics from HCIA where specific statistics were unavailable. System Displayed.
25	(LOS BEG DATE) LOS Begin (DE5329)		Beginning date of length-of-stay (LOS) data. Beginning date of length-of-stay (LOS) data. System Displayed.
26	PCT LOS Percentile (DE5323)		Indicates the percentile that the LOS data represents for a diagnosis. Indicates the percentile that the LOS data represents for a diagnosis. System Displayed.
27	(LOS) 19 LOS for Age Range 00-19 (DE5335)		The length-of-stay (LOS) for a diagnosis for recipients in age range 00-19 for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in age range 00-19 for the specified percentile/group. System Displayed.
28	(LOS) 20-34 LOS for Age Range 20-34 (DE5336)		The length-of-stay (LOS) for a diagnosis for recipients in age range 20-34 for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in age range 20-34 for the specified percentile/group. System Displayed.
29	(LOS) 35-49 LOS for Age Range 35-49 (DE5337)		The length-of-stay (LOS) for a diagnosis for recipients in age range 35-49 for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in age range 35-49 for the specified percentile/group. System Displayed.
30	(LOS) 50-64 LOS for Age Range 50-64 (DE5338)		The length-of-stay (LOS) for a diagnosis for recipients in the age range 50-64 for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in the age range 50-64 for the specified percentile/group. System Displayed.
31	(LOS) 65 + LOS for Age Range 65+ (DE5339)		The length-of-stay (LOS) for a diagnosis for recipients in the age range 65 and over for the specified percentile/group. The length-of-stay (LOS) for a diagnosis for recipients in the age range 65 and over for

			the specified percentile/group. System Displayed.
32	SINGLE DX LOS Percentile for Single Diagnosis (DE5346)		Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis, as specified for a diagnosis. System Displayed.
33	MULT DX LOS Percentile for Multiple Diagnosis (DE5343)		Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis, as specified for a diagnosis. System Displayed.
34	SING DX SURG LOS Percentile for Single Diagnosis With Surgery (DE5347)		Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with surgery involved, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with surgery involved, as specified for a diagnosis. System Displayed.
35	MULT DX SURG LOS Percentile for Multiple Diagnosis With Surgery (DE5344)		Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with surgery involved, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a multiple diagnosis and with surgery involved, as specified for a diagnosis. System Displayed.
36	SING NO SURG LOS Percentile for Single Diagnosis Without Surgery (DE5348)		Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with no surgery involved, as specified for a diagnosis. Hospital length-of-stay (LOS) in days for the percentile for a single diagnosis and with no surgery involved, as specified for a diagnosis. System Displayed.
37	MULT NO SURG LOS Average for Multiple Diagnosis With Surgery (DE5349)		Average hospital length-of-stay (LOS) in days with multiple diagnosis with surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with multiple diagnosis with surgery,

			specified for a diagnosis. System Displayed.
38	AVG LOS SING DX LOS Average for Single Diagnosis (DE5327)		Average hospital length-of-stay (LOS) in days with a single diagnosis, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with a single diagnosis, specified for a diagnosis. System Displayed.
39	AVG LOS MULT DX LOS Average for Multiple Diagnosis (DE5328)		Average hospital length-of-stay (LOS) in days with a multiple diagnosis, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with a multiple diagnosis, specified for a diagnosis. System Displayed.
40	AVG LOS SING DX SURG LOS Average for Single Diagnosis With Surgery (DE5351)		Average hospital length-of-stay (LOS) in days with a single diagnosis with surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with a single diagnosis with surgery, specified for a diagnosis. System Displayed.
41	AVG LOS MULT DX SURG LOS Average for Multiple Diagnosis With Surgery (DE5349)		Average hospital length-of-stay (LOS) in days with multiple diagnosis with surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with multiple diagnosis with surgery, specified for a diagnosis. System Displayed.
42	AVG LOS SING NO SURG LOS Average for Single Diagnosis Without Surgery (DE5352)		Average hospital length-of-stay (LOS) in days with a single diagnosis with no surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with a single diagnosis with no surgery, specified for a diagnosis. System Displayed.
43	AVG LOS MULT NO SURG LOS Average for Multiple Diagnosis Without Surgery (DE5350)		Average hospital length-of-stay (LOS) in days with multiple diagnosis with no surgery, specified for a diagnosis. Average hospital length-of-stay (LOS) in days with multiple diagnosis with no surgery, specified for a diagnosis. System Displayed.

NAVIGATION	ICD Diagnosis/Length of Stay (RF-S-015)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ENTER	Validates and updates data changed on the screen and creates an audit trail file in an add or update mode.	MR-S-000 ()
EXCLUDE VS	Displays diagnosis value sets where the current diagnosis does not exist.	N/A
SUB MENU	Returns to the Reference Subsystem Menu without updating.	N/A
INCLUDE VS	Displays the value sets where this diagnosis is included.	N/A
MAIN MENU	Invokes the MMIS Main Menu	N/A
REFRESH	Rereads the database and redisplays the data.	N/A
RETURN	Returns to the Reference Subsystem Menu	N/A
UPDT	Confirms the desire to update the data on the screen.	N/A

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5311	AUTO ERROR NOT FOUND	Enter a new Auto Error Code to complete the transaction.
1	BEGIN DATE MUST BE LESS THAN END DATE	Correct field value if keyed incorrectly. Otherwise, accept transaction with errors to generate TAD.
5309	CANNOT UPDATE DIAGNOSIS CODE	Change the Diagnosis Code. See the Field Definitions for instructions for this field.
95	CICS ERROR	Contact ACS Operations for assistance.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
2019	DIAGNOSIS CODE NOT FOUND	Information message.
5312	DUPLICATE AUTO ERROR	Research the Field Definitions for specifications for this field.
5313	DUPLICATE EMERGENCY ERROR	Research the Field Definitions for specifications for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
3795	MAY BE INELIGIBLE: FRAUD SANCTION	Information message.

	CONTACT DMAS RECIP AUDIT UNIT TO ENROLL.	
5378	MINIMUM AGE CANNOT BE GREATER THAN MAXIMUM AGE	Enter a Minimum age less than Maximum age.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S)	Correct the highlighted fields and choose Enter.
3794	NOT ELIGIBLE FOR ENROLLMENT DURING 12-MONTH FRAUD SANCTION PERIOD	Information message.
7066	NOTHING TO UPDATE; DATA HAS NOT CHANGED	Information message. No action needed.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED	Information message. No action needed.
5310	PERCENT NOT FOUND	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.

Screen Access

From the VaMMIS Main Menu (RF-S-010):

1. Choose the Reference button.

2. You see the Reference Subsystem Menu (RF-S-004).

3. Select Diagnosis/Length of Stay from the drop-menu in the Other box.

4. Choose the Add or Update radio button in the Function box.

5. Enter a diagnosis code (up to 7 digits) in the Value field.

6. Choose Enter.

7. You see the ICD Diagnosis/Length of Stay screen (RF-S-015).

New Screen Functionality: The begin date/end date parameters have changed for these date fields:

ICD Diagnosis

As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Subsystem.

Screens RF-S-016-01 System Parameters

General Information

The System Parameter screen presents a scrollable list of single value parameter information describing the type and format of the data Value. The Data Value is described on screen RF-S-016-01. This screen is invoked by the Reference Subsystem Menu screen (RF-S-004).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT601
MAPSET	RFS1600
TRAN ID	VSC6 (Inquiry, VSC7 (Update), VSC8 (Add)

SAMPLE	System Parameters (RF-S-016-01)

http://localhost:9080/VAMMIS/VAMMIS/default/ver=2.0/rparam=PERF0x1TIMESTAMP=0/rparam=portletAction=portletActionPost/rparam=SESSIONID=MVrc5

Live Search

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VA DMAS Prototype Portal

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Virginia Medicaid

MMIS

Help | Print | Logoff

Screen ID: RF-S-016-01　　　　　　　　　　　　**VIRGINIA MEDICAID**　　　　　　　　　　　Date: 03/16/2010
Trans ID: VSC7　　　　　　　　　　　**SYSTEM PARAMETERS - UPDATE**　　　　　　　Time: 12:14
Program ID: RFT601

Sub System	Value ID	Description	Begin Date	End Date	Value Type	Length Val	Length Dec	Date Type
RS		EDI PARM CARD　　SEQ NO	04132007	12319999	N	05	0	
Value:	00004							
RF	AAA TESTX	AAAA TESTX 3-19-2001	01012001	12319999	N	05	2	
Value:	12345							
RF	AAATEST	TEST DESC	03032001	03032001	C	03	0	
Value:	ABC							
RF	AAATEST	TEST DESC	01012001	03022001	C	03	0	
Value:	XXX							
RF	AAATEST1	TEST DESC	01012001	12319999	C	03	0	
Value:	TXT							
RF	ABCL	EDIT CRITERION FOR A/B CLM TYP	01011990	12319999	C	04	0	
Value:	ABCL							

Scroll Up　　Scroll Down

DATA REFRESHED.

Enter　　Update　　Clear Form　　Refresh　　Return　　Sub Menu　　Main Menu

Done　　　　　　　　　　　　　　　　　　Local intranet　　　　100%

start | Host Acc... | Inbox - ... | Screens | DSD MMI... | RF-S-01... | Dev Gho... | VA DMAS... | HodConn... | 12:14 PM

Field Definitions

#	GSD Field Name / Data Element Name (ID)	Edit Criteria Message	Field Instructions
2	SUB SYS / System Parameter Sub-System ID (DE5369)	Edits: Must be equal to a value on the Global Edit Value Table (GL_CODE_ VALUE). Messages: INVALID DATA	Abbreviation of Sub System to which this System Parameter belongs. Abbreviation of Sub System to which this System Parameter belongs. ADD (R/P) Enter the two characters of the Subsystem abbreviation. UPDATE (R/P)

		ENTERED.	System Displayed.
3	VALUE ID System Parameter ID (DE5370)	Edits: This is a 10 CHARacter user defined Key field. System Parameter ID must be entered and should not be SPACES. Messages: INVALID DATA ENTERED.	Specifies the User defined principle category of System Parameters (e.g., Weekly Remittance Advice Messages). Specifies the User defined principle category of System Parameters (e.g., Weekly Remittance Advice Messages). This is a 10 character user defined key field. ADD (R/P) Enter the use defined principle category of System Parameters. UPDATE (R/P) System Displayed.
4	DESCRIPTION System Parameter Description (DE5382)	Edits: Must be greater than Spaces or Underscores. Messages: DESCRIPTION IS INVALID; MUST BE GREATER THAN SPACES	Indicates the description of the parameter. Indicates the description of the parameter. Must be greater than Spaces or Underscores. ADD (R/U) Enter the description of the parameter. UPDATE (R/U) Enter the description of the parameter, if it contains spaces.
5	EFFECTIVE DATES BEGIN System Parameter Begin Date (DE5384)	Edits: Must pass basic date edit. In Update mode Effective Begin Date must be Greater than or Equal to Current Date. Messages: INVALID BEGIN DATE	Beginning (Effective) date of the System Parameter Name. Beginning (Effective) date of the System Parameter Name. Must be valid date format (mmddccyy). ADD (R/P) Enter the beginning (Effective) date of the System Parameter Name. UPDATE (R/P) Enter the beginning (Effective) date of the System Parameter Name, if contains spaces.
6	EFFECTIVE DATES END System Parameter End Date (DE5385)	Edits: Must pass basic date edit. Should always be greater than EFFECTIVE BEGIN DATE . Maximum value = 99991231 Messages:	Ending date of the System Parameter Name. Ending date of the System Parameter Name. Must be valid date format (mmddccyy) and equal to or greater than current date. Maximum value = 12319999. ADD (R/U)

		INVALID END DATE	Enter the ending date of the System Parameter Name.
			UPDATE (R/U)
			Enter the ending date of the System Parameter Name, if contains spaces.
7	VAL TYP System Parameter Value Type (DE5387)	Edits: Validate codes against those on GL_CODE_VALUE table Messages: INVALID DATA ENTERED.	Indicates the type of System Parameter Value as Numeric, Julian Date, Gregorian Date, or Character. Indicates the type of System Parameter Value as Numeric, Julian Date, Gregorian Date, or Character. Valid codes are 'N', 'J', 'G' and 'C'. ADD (R/U) Enter the type of System Parameter Value as Numeric, Julian Date, Gregorian Date, or Character. UPDATE (R/U) Enter the type of System Parameter Value as Numeric, Julian Date, Gregorian Date, or Character, if field contains spaces.
8	LENGTH VAL System Parameter Value Length (DE5372)	Edits: Must be numeric and in range of 01 - 70 (to equal length of the value placed in the VALUE field). Must be 10 when Value Type is Date (G). Messages: VALUE LENGTH MUST BE NUMERIC AND GREATER THAN ZERO VALUE LENGTH IS INVALID.	Character length of the actual value of the System Parameter. Character length of the actual value of the System Parameter (equal to length of value placed in Value field). Must be numeric; minimum value = 01; maximum value =70. ADD (R/U) Enter the character length of the actual value of the System Parameter. UPDATE (R/U) Enter the character length of the actual value of the System Parameter, if field contains spaces.
9	LENGTH DEC System Parameter Decimal Length (DE5373)	Edits: Only for Value Type 'N': Must be numeric and NOT GREATER than Value Length (DE5372). Default is	For a numeric item, the number of decimal places. For a numeric item, the number of decimal places. Default is zero. Only for Value Type 'N'. ADD (O/U)

		0. Messages: VALUE INCONSISTENT WITH VALUE LENGTH. DECIMAL FIELD INVALID WHEN TYPE IS NOT NUMERIC.	Enter the number of decimal places for a numeric item. UPDATE (O/U) Enter the number of decimal places for a numeric item, if the field is blank.
10	DATE TYPE System Parameter Date Type (DE5383)	Edits: Only for Value Type 'D'. Valid values are 'S' (Date of Service) or 'R' (Date of Receipt). Default is Space. Messages: DATE TYPE IS INVALID; MUST BE SPACES FOR THIS VALUE TYPE. DATE TYPE IS INVALID; MUST BE 'S' OR 'R'.	Indicates if the date is Date of Receipt (DOR) or Date of Service (DOS). Indicates if the date is Date of Receipt (DOR) or Date of Service (DOS). Only for Value Type 'D'. Valid codes are 'S' (Date of Service) or 'R' (Date of Receipt). ADD (O/U) Enter the code for Date of Receipt (DOR) or Date of Service (DOS). UPDATE (O/U) Enter the code for Date of Receipt (DOR) or Date of Service (DOS), if the field is blank.
11	VALUE System Parameter Value (DE5386)	Edits: The actual value of the System Parameter. Must be consistent with the VALue TYPe. Messages: INVALID DATA ENTERED	Indicates the actual value of the System Parameter Value Type that will be used to derive the edit. Indicates the actual value of the System Parameter Value Type that will be used to derive the edit. Must be consistent with the Value Type. ADD (R/U) Enter the value of the System Parameter Value Type used to derive the edit. UPDATE (R/U) Enter the change to the value of the System Parameter Value Type used to derive the edit.

Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous sequential scrollable list of Parameters.	N/A
CLEARFORM	Produces a blank line at top of screen for Adding new System Parameter record.	N/A
ENTER	Validates data changed on the screen in Add/Update mode only.	N/A
SUB MENU	Return to Reference Subsystem Menu.	N/A
SCROLL DOWN	Display next sequential scrollable list of Parameters.	N/A
MAIN MENU	Returns to Main System Menu	N/A
REFRESH	Rereads and returns most current data to screen.	N/A
RETURN	Return to invoking program.	N/A
UPDT	Validates and updates data on screen if no errors are found in Add/Update mode only. Not valid in Inquiry mode.	RF-S-012-01 RF-S-012-03 RF-S-012-10 RF-S-012-11 ()

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5276	BEGIN DATE ONLY CHANGE NOT ALLOWED	Begin Date change is only allowed if other data fields are changed.
5269	CLEARFORM IS VALID IN ADD MODE ONLY	Change to the maintenance screen to complete this action.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5137	DATE TYPE IS INVALID; MUST BE 'S' OR 'R'	Research the field definitions and enter a "S" or "R".
5144	DATE TYPE IS INVALID; MUST BE SPACES FOR THIS VALUE TYPE	Enter a valid date. Use the space bar to add spaces, if necessary.

5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the field definitions for these fields.
5139	DECIMAL FIELD INVALID WHEN TYPE IS NOT NUMERIC	See the field definitions for specifications on the data for this field.
5131	DESCRIPTION IS INVALID; MUST BE GREATER THAN SPACES	Change the data entered. See the field definitions for specifications on the data for this field.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5060	ENTER DATA TO BE ADDED	Enter the data to be added and choose Enter.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the field definitions for formatting/requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
75	INVALID DATA ENTERED	See the field definitions for valid data/formatting for this field.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5138	VALUE INCONSISTENT WITH VALUE LENGTH	See the field definitions for valid data/formatting for this field.
5135	VALUE LENGTH IS INVALID	See the field definitions for valid data/formatting for this field.
5134	VALUE LENGTH MUST BE NUMERIC AND GREATER THAN ZERO	Enter a value length that is only numeric and greater than zero. See the field definitions for valid data/-formatting for this field.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Subsystem Menu (RF-S-004).
3. Select System Parameters from the from the drop-menu in the System Support box.
4. Choose the Add or Update radio button in the Function box.
5. Choose Enter.
6. You see the System Parameters screen (RF-S-016-01).
Note: When data is added or updated, it moves to sequential order. To review it, you must page down or re-enter the screen in the Inquiry mode.

Screens RF-S-016-02 Transportation Rate Detail Data

General Information

The Transportation Rate Detail Data screen presents a scrollable list of Detail Transportation Rate values belonging to one Procedure Code. This screen is invoked by the Reference Medical Procedures program, RFT110.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT602
MAPSET	RF602VA
TRAN ID	VSE1 (Inquiry), VSE2 (Update), VSE3 (Add)

SAMPLE	Transportation Rate Detail Data (RF-S-016-02)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	PROC CODE Procedure Code (DE5002)	Edits: Populated from COMMAREA.	Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. Code used to identify a specific dental, medical, revenue, or ICD diagnosis/surgical procedure. System Displayed.
2	DESC	Edits:	Description of the procedure code in lay terminology.

	Procedure Short Name (DE5015)	Procedure Code Short Name is populated from COMMAREA.	Description of the procedure code in lay terminology. System Displayed.
3	BEGIN Procedure Coverage Begin Date (DE5003)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Procedure Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.	Beginning date of coverage for a Procedure Code. Beginning date of coverage for a Procedure Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Procedure Coverage End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date.
4	END Procedure Coverage End Date (DE5004)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or	Ending date of coverage for a Procedure Code. Ending date of coverage for a Procedure Code. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Procedure Coverage Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is a future date, it may be changed, and its value may be a prior date, current date, or another future date-- so long as all other edits are adhered to.

		another future date--so long as all other edits are adhered to.	
5	RATE TYPE Transportation Rate Type (DE5714)	Edits: The valid values are 'B' (Base), 'W' (Wait Time), and 'P' (Passengers). This data may be validated by accessing GL_CODE_VALUE Table with CNUM of 200. - For each Rate Type, the following fields on the screen are either 'R'equired, 'Optional, or 'N'ot required (BEGIN date, END date, MIN RATE, MAX RATE, BASE RATE, RATE MI/PASS/WAIT, MIN MLG RANGE, MAX MLG RANGE, and ALLOW HOURS). - For each Rate Type access the RF_SYS_PARAMETER Table to determine if the above fields are Required, Optional, or Not required. There is a character string in the Value field of the System Parameter table for which the first character identifies the Rate Type ('B', 'P', or 'W'). Each of the remaining 9 characters in the string refers to the next succeeding data element in the screen detail	Procedure Code Transportation Rate Type. Procedure Code Transportation Rate Type. Valid codes are 'B' (Base), 'W' (Wait Time), and 'P' (Passengers). ADD (R/U) Enter the Procedure Code Transportation Rate Type. UPDATE (R/U) Enter the change to the Procedure Code Transportation Rate Type

		line following the RATE TYPE. Therefor, 'BROOORORRN' in the Value field for the BASE RATE TYPE equates to the following:	
		- 'B' = BASE RATE.	
		- 'R' = BEGIN date Required.	
		- 'O' = END date Optional.	
		- 'O' = MIN RATE Optional.	
		- 'O' = MAX RATE Optional.	
		- 'R' = BASE RATE Required.	
		- 'O' = RATE MI/PASS/WAIT Optional.	
		- 'R' = MIN MLG RANGE Required.	
		- 'R' = MAX MLG RANGE Required.	
		- 'N' = ALLOW HOURS Not Required.	
		- The Keys for the BASE, PASSENGER, and WAIT rows on the System Parameter Table are:	
		- BASE RATE	
		- PASSENGER	
		- WAIT RATE	
		- If any 'R'equired field is missing, then it is an error.	
		- If any 'N'ot Required field is entered, then it	

		is an error, and an appropriate message should be sent to the User. Messages: 'INVALID DATA' 'DATA IS NOT REQUIRED - PLEASE ERASE'	
6	BEGIN Transportation Rate Begin Date (DE5712)	Edits: For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Transportation Rate End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. Messages: 'INVALID DATE' 'THIS DATE MAY NOT OVERLAP EFFECTIVE DATES FOR SAME RATE TYPE' 'INCOMPATIBLE WITH PROCEDURE DATES'	Procedure Code Transportation Rate Begin Date. Procedure Code Transportation Rate Begin Date. For an add or update transaction, the data must be a valid date (MMDDCCYY) and pass a basic date edit. - This date may be changed for an update. - Date may not fall after the Transportation Rate End Date. - For an ADD transaction, the date can fall before a prior date, on the current date, or on a future date. ADD (R/U) Enter the Procedure Code Transportation Rate Begin Date. Date can be a prior date, current date, or a future date. UPDATE (R/U) System Generated.
7	END Transportation Rate End Date (DE5713)	Edits: For an add or update transaction, the data must be a valid date	Procedure Code Transportation Rate End Date. Procedure Code Transportation Rate End Date. For an add or update transaction,

		(MMDDCCYY) and pass a basic date edit. - Date may not fall before the Transportation Rate Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is null or a future date, it may be changed, and its value may be a prior date, current date, or another future date-- so long as all other edits are adhered to. Messages: 'INVALID DATE' 'THIS DATE MAY NOT OVERLAP EFFECTIVE DATES FOR SAME RATE TYPE' 'INCOMPATIBLE WITH PROCEDURE DATES'	the data must be a valid date (MMDDCCYY) and pass a basic date edit. - Date may not fall before the Transportation Rate Begin Date. - Date can be a prior date, the current date, or a future date so long as all other edits are adhered to. - If end date is null or a future date, it may be changed, and its value may be a prior date, current date, or another future date-- so long as all other edits are adhered to. ADD (R/U) Enter the Procedure Code Transportation Rate End Date. UPDATE (R/U) Enter the change to the Procedure Code Transportation Rate Begin Date. End Date can not be changed if there is another attribute being changed in the same transaction. If End Date falls on or before the current date, then it may NOT be Changed.
8	MIN RATE Transportation Minimum Rate (DE5715)	Edits: If entered, must be numeric and greater than zero and RATE TYPE must be 'B'. Default is zeroes. Data is represented in whole dollars. Messages: 'MUST BE NUMERIC AND GREATER THAN ZERO'	Procedure Code Transportation Minimum Rate. Procedure Code Transportation Minimum Rate. If entered, must be numeric and greater than zero and RATE TYPE must be 'B'. Default is zeroes. Data is represented in whole dollars. ADD (O/U) Enter the Procedure Code Transportation Minimum Rate. UPDATE (O/U) Enter the change to the Procedure Code Transportation Minimum Rate.

9	MAX RATE Transportation Maximum Rate (DE5716)	Edits: If entered, must be numeric and greater than zero and RATE TYPE must be 'B'. Default is zeroes. Data is represented in whole dollars. Messages: 'MUST BE NUMERIC AND GREATER THAN ZERO'	Procedure Code Transportation Maximum Rate. Procedure Code Transportation Maximum Rate. If entered, must be numeric and greater than zero and RATE TYPE must be 'B'. Default is zeroes. Data is represented in whole dollars. ADD (O/U) Enter the Procedure Code Transportation Maximum Rate. UPDATE (O/U) Enter the change to the Procedure Code Transportation Maximum Rate.
10	BASE RATE Transportation Base Rate (DE5717)	Edits: If entered, must be numeric and greater than zero and Rate Type must be 'B'. Default is zeroes. Data entered on screen may contain a decimal point (.) in order to separate dollars from cents. If no decimal is entered, then data is to be considered to be in whole dollars. The maximum value that can be entered is $9999.99. If a greater value is entered, then send error message. Messages: 'INVALID DATA' 'VALUE IS EXCESSIVE'	Procedure Code Transportation Base Rate. Procedure Code Transportation Base Rate. If entered, must be numeric and greater than zero and Rate Type must be 'B'. Default is zeroes. Data entered on screen may contain a decimal point (.) in order to separate dollars from cents. If no decimal is entered, then data is to be considered to be in whole dollars. The maximum value that can be entered is $9999.99. If a greater value is entered, then send error message. ADD (O/U) Enter the Procedure Code Transportation Base Rate. UPDATE (O/U) Enter the change to the Procedure Code Transportation Base Rate.
11	RATE/MI/WAIT/PASS Trans Rate Mile/Hour/Passenger (DE5718)	Edits: Must be numeric and greater than zero. RATE TYPE may be 'B', 'W', or 'P. Data entered on screen	Procedure Code Transportation Rate per Mile, Wait Hour, or Passenger. Procedure Code Transportation Rate per Mile, Wait Hour, or Passenger. Must be numeric and greater than zero. RATE TYPE may be 'B', 'W', or 'P. Data entered

		may contain a decimal point (.) in order to separate dollars from cents. If no decimal is entered, then data is to be considered to be whole dollars. The maximum value that can be entered is $999.99. If a greater value is entered, then send error message. Messages: 'INVALID VALUE' 'VALUE IS EXCESSIVE'	on screen may contain a decimal point (.) in order to separate dollars from cents. If no decimal is entered, then data is to be considered to be whole dollars. The maximum value that can be entered is $999.99. If a greater value is entered, then send error message. ADD (R/U) Enter the Procedure Code Transportation Rate per Mile, Wait Hour, or Passenger. UPDATE (R/U) Enter the change to the Procedure Code Transportation Rate per Mile, Wait Hour, or Passenger.
12	MIN MLG RANGE Transportation Mileage Range Minimum (DE5719)	Edits: This field is required for all RATE TYPEs. It must be numeric and greater than zeroes. Maximum valid value that can be entered is 99. Minimum Mileage cannot be greater than Maximum Mileage. Messages: INVALID DATA ENTERED MIN. MILEAGE RANGE CAN NOT EXCEED MAX. MILEAGE RANGE. PLEASE CORRECT MAXIMUM MILEAGE EXCEEDED	Procedure Code Transportation Mileage Range Minimum. Procedure Code Transportation Mileage Range Minimum. This field is required for all RATE TYPEs. It must be numeric and greater than zeroes. Maximum valid value that can be entered is 99. ADD (R/U) Enter the Procedure Code Transportation Mileage Range Minimum. UPDATE (R/U) Enter the change to the Procedure Code Transportation Mileage Range Minimum.
13	MAX MLG RANGE Transportation Mileage Range Maximum (DE5720)	Edits: This field is required for all RATE TYPEs. It must be numeric and greater than zer-	Procedure Code Transportation Mileage Range Maximum. This field is required for all RATE TYPEs. It must be numeric and greater than zeroes. Maximum valid value that can be entered is 999. Minimum

		oes. Maximum valid value that can be entered is 999. Minimum Mileage cannot be greater than Maximum Mileage. Messages: INVALID DATA ENTERED MIN. MILEAGE RANGE CAN NOT EXCEED MAX. MILEAGE RANGE. PLEASE CORRECT MAXIMUM MILEAGE EXCEEDED	Mileage cannot be greater than Maximum Mileage. Procedure Code Transportation Mileage Range Maximum. This field is required for all RATE TYPEs. It must be numeric and greater than zeroes. Maximum valid value that can be entered is 999. The minimum mileage cannot be greater than the Maximum mileage. ADD (R/U) Enter the Procedure Code Transportation Mileage Range Maximum. UPDATE (R/U) Enter the change to the Procedure Code Transportation Mileage Range Maximum.
14	ALLOW HOURS Transportation Allowable Wait Hours (DE5872)	Edits: It must be numeric and greater than zeroes. This field is required if RATE TYPE = 'W'. It should be ignored if entered for another RATE TYPE. The maximum valid value that can be entered is 999. Messages: 'INVALID DATA' 'VALUE IS EXCESSIVE'	Procedure Code Transportation Allowable Wait Hours. Procedure Code Transportation Allowable Wait Hours. It must be numeric and greater than zeroes. This field is required if RATE TYPE = 'W'. It should be ignored if entered for another RATE TYPE. The maximum valid value that can be entered is 99. ADD (C/U) Enter the Procedure Code Transportation Allowable Wait Hours. UPDATE (C/U) Enter the changes to the Procedure Code Transportation Allowable Wait Hours.

NAVIGATION	Transportation Rate Detail Data (RF-S-016-02)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous sequential scrollable list of Parameter Values.	N/A
ENTER	If this key is depressed, then any modified screen data is edited. No UPDATES or INSERTS take place.	RF-S-017-01 ()

SUB MENU	Return to Reference Subsystem Menu program (RFT001).	RF-S-002-06 (R)
SCROLL DOWN	Display next sequential scrollable list of Parameter Values.	RF-S-017-01 ()
MAIN MENU	Return to Main System Menu program, RFT010.	N/A
REFRESH	Database data is re-read and re-populated on screen.	N/A
RETURN	Program Returns to Reference Medical Procedure program RFT110.	N/A
UPDT	Modified screen data is edited. UPDATE/INSERT takes place when edits are passed.	RF-S-002-06 ()

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP system for valid formatting/date range.
5276	BEGIN DATE ONLY CHANGE NOT ALLOWED	Begin Date change is only allowed if other data fields are changed.
46	DATA HAS CHANGED SINCE RETRIEVAL CHOOSE REFRESH TO RE-DISPLAY.	Choose the Refresh button to display current data.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
68	DATA REFRESHED	Information message.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/-formatting for this field.
5381	MILEAGE RANGE EXCEEDS THE LIMIT CORRECT MILEAGE RANGE.	Information message.

5377	MIN MILEAGE RANGE CAN NOT EXCEED MAX. MILEAGE RANGE. PLEASE CORRECT.	Information message.
5376	MIN RATE CAN NOT EXCEED MAX. RATE. PLEASE CORRECT.	Edit Minimum and Maximum rates.
5164	NO ENTRY MARKED FOR UPDATE	Mark an entry to be updated.
5165	NO ENTRY MARKED FOR VALIDATION	Information message.
5063	RECORD ALREADY EXISTS	Information message. No action needed.
25	RECORD UPDATED	Information message. No action needed.
94	TSQ ERROR	Information message.
5067	UPDATE FUNCTION INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete the task.
5166	VALIDATION ACTION IS NOT VALID IN INQUIRY MODE	Switch to the maintenance screen to complete this validation task.
5259	VALUE IS EXCESSIVE	See the Field Definitions for valid data/-formatting for this field.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Medical from the drop-menu in the Procedure section.
4. Choose the Add or Update radio button in the Function field.
5. Enter a procedure code in the Value field.
6. Choose Enter.
7. You see the Medical Procedure screen (RF-S-001-01).
8. Choose the Transportation button.
9. You see the Transportation Rate Detail Data screen (RF-S-016-02).
New Screen Functionality: The begin date/end date parameters have changed for these date fields:
Rate Type
Procedure Code
As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Subsystem.

Screens RF-S-017-01 Value Set Directory

General Information

The Value Set Directory screen presents a scrollable list of value sets in the MMIS. A value set is a named set of values associated with a data element type. The sets are referenced by various processes in the MMIS. This screen is invoked by the Reference Subsystem Menu screen (RF-S-004).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add, Delete
PROGRAM	RFT701
MAPSET	RFS1701
TRAN ID	VSD1 (Inquiry), VSD2 (Update), VSD3 (Add)

SAMPLE	Value Set Directory (RF-S-017-01)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	COMMAND (DE0000)	Edits: Valid value is 'X' when used with the Key and 'L' when used with the Key. Messages: 'INVALID CMD - VALID VALUE IS X'	The field for which the selection for the Value Set Name is entered. INQUIRY (O/U) Enter a 'X' for the Value Set Name for which you wish to inquire. A 'L' can be entered if returning to the Edit Criteria screen. The field for which the selection for the

		'INVALID CMD - ONLY 'L' OR SPACE IS VALID ON RETURN'	Value Set Name is entered. UPDATE (O/U) Enter a 'X' for the Value Set Name for which you wish to change. A 'L' can be entered if returning to the Edit Criteria screen.
2	VALUE SET NAME Value Set Name (DE5392)	Edits: Name cannot be modified. It is DISPLAY only. Messages:	This is the Value Set description. This is the Value Set description. UPDATE (R/P) System Displayed.
3	DATA ELEMENT TYPE Value Set Data Element Type (DE5395)	Edits: Cannot be modified. DISPLAY mode only. Messages:	Indicates the type of data such as CPT Procedure Codes, ICD Procedure Codes, DSM Procedure Codes, Drug Codes (NDC), Revenue Codes, ICD Diagnosis Codes, Provider Types, Provider Specialties, Procedure Modifiers, Tooth Surfaces, Types of Service, Places of Service, Program Codes, Dates. Indicates the type of data such as CPT Procedure Codes, ICD Procedure Codes, DSM Procedure Codes, Drug Codes (NDC), Revenue Codes, ICD Diagnosis Codes, Provider Types, Provider Specialties, Procedure Modifiers, Tooth Surfaces, Types of Service, Places of Service, Program Codes, Dates. UPDATE (R/P) System Displayed.
4	(EFFECTIVE DATES) BEGIN Value Set Effective Begin Date (DE5438)	Edits: Cannot be modified. DISPLAY mode only.	Value Set Effective Begin Date. Value Set Effective Begin Date. Must be valid date format (mmddccyy). Date can be a future date. Date must NOT be within the range of the Value Set Effective Begin Date and Value Set Effective End Date of another row with the same Value Set Description. UPDATE (R/U) System Displayed.
5	(EFFECTIVE DATES) END Value Set Effective End Date (DE5439)	Edits: Cannot be modified. DISPLAY mode only.	Value Set Effective End Date. Value Set Effective End Date. Must be valid date format (mmddccyy). Date can be a future date. Date cannot be less than the

			Value Set Effective BEGIN Date. Date must NOT be within the range of the Value Set Effective Begin Date and Value Set Effective End Date of another row with the same Value Set Description. UPDATE (O/U) System Displayed.
6	SEARCH VALUE Value Set Name (DE5392)	Edits: Messages: The 'Search Value' field enables a user to reposition the browse within those pages that are available for browsing. The Value Set Directory Screen displays the browse rows in ascending order according to the Value Set Names. When a data value is entered into the "Search Value" field, that data value is compared to the Value Set Names. When a Value Set Name matches or follows the data value, that Value Set becomes the first row displayed upon Screen RF-S-017-01.	The 'Search Value' field enables a user to reposition the browse within those pages that are available for browsing. The Value Set Directory Screen displays the browse rows in ascending order according to the Value Set Names. When a data value is entered into the "Search Value" field, that data value is compared to the Value Set Names. When a Value Set Name matches or follows the data value, that Value Set becomes the first row displayed upon Screen RF-S-017-01. The 'Search Value' field enables a user to reposition the browse within those pages that are available for browsing. The Value Set Directory Screen displays the browse rows in ascending order according to the Value Set Names. When a data value is entered into the "Search Value" field, that data value is compared to the Value Set Names. When a Value Set Name matches or follows the data value, that Value Set becomes the first row displayed upon Screen RF-S-017-01.
7	DESCRIPTION (DE0000)	Edits: N/A Messages: When CICS Program RFT701VA receives control from the programs RFT180VA, RFT110VA, RFT190VA, RFT191VA,	When CICS Program RFT701VA receives control from the programs RFT180VA, RFT110VA, RFT190VA, RFT191VA, RFT045VA, and RFT205VA, it utilizes DB2 Cursor Statements to retrieve Value Set Information based on a Specific Value Set Type and/or Value Set Range. When Value Set information is retrieved for a Specific Value Set Type, that Type and its description are placed in the Description field for viewing.

	RFT045VA, and RFT205VA, it utilizes DB2 Cursor Statements to retrieve Value Set Information based on a Specific Value Set Type and/or Value Set Range. When Value Set information is retrieved for a Specific Value Set Type, that Type and its description are placed in the Description field for viewing.	When CICS Program RFT701VA receives control from the programs RFT180VA, RFT110VA, RFT190VA, RFT191VA, RFT045VA, and RFT205VA, it utilizes DB2 Cursor Statements to retrieve Value Set Information based on a Specific Value Set Type and/or Value Set Range. When Value Set information is retrieved for a Specific Value Set Type, that Type and its description are placed in the Description field for viewing.

NAVIGATION	Value Set Directory (RF-S-017-01)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous set of scrollable data.	N/A
ENTER	The Enter Button will now have a dual purpose. Heretofore, when the Enter Button was depressed, program RFT701VA would seek to find an 'X' entered in a 'CMD' field. Upon finding the 'X' , program RFT701VA would transfer control to Screen RF-S-017-02 where the individual Value Set Ranges would be displayed. If no 'X' was found in a 'CMD' field, program RFT701VA returned an Error Message. Program RFT701VA will now check to see if there is an entry in the "Search Value" field. If an entry is found, program RFT701VA will attempt to reposition the Value Set Browse based upon the "Search Value" entry. If no entry is found, program RFT701VA will seek to find an 'X' entered in a 'CMD' field.	N/A
SUB MENU	Return to Reference Subsystem Menu.	RF-S-004 (R)
SCROLL DOWN	Display next set of scrollable data.	N/A
MAIN MENU	Invokes the MMIS Main Menu	RF-S-010 (R)
RETURN	Return to previous screen (RF-S-004, RF-S-001-01,	N/A

	or RF-S-002-05). WHEN the invoking program is the Edit Criteria (RFT205VA) and the user has placed an 'L' in the CMD field, this denotes that the user wants 'this' Data Element Type Value Set to be "Linked" to the Criterion that was selected on the Edit Criteria screen. If the user keys anything else into the CMD field, error message is displayed.	

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5022	FIRST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
5023	LAST RECORD IS ALREADY BEING DISPLAYED	Information message. No action needed.
5264	MAKE A SELECTION FOR DETAIL INFORMATION	Cursor to an item for which you need detailed information.
17	NEXT PAGE DATA IS DISPLAYED	Information message. No action needed.
2539	NO VALUE SETS FOUND TO MATCH SEARCH FIELD ENTRY	Max chars = 255 => Ticket has been entered to increase size.
5021	PAGE-DOWN NOT ACTIVE	Information message. No action needed.
5020	PAGE-UP NOT ACTIVE	Information message. No action needed.
20	PREVIOUS PAGE DATA IS DISPLAYED	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Value Sets from the drop-menu in the System Support section.
4. Choose the Add or Update radio button in the Function field.
5. Choose Enter.
6. You see the Value Set Directory screen (RF-S-017-01).

Screens RF-S-017-02 Value Set

General Information

The Value Set screen presents a scrollable list of all value ranges in a value set. The screen is invoked by the Value Set Directory screen (RF-S-017-01). Each line in the list contains either a discrete value or a range. The system maintains the list in value order and insures that no value overlaps another in the list. The system insures that the data entered in VALUE is consistent with DE.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT702
MAPSET	RFS2008
TRAN ID	VSD5 (Inquiry), VSD6 (Update), VSD7 (Add)

SAMPLE	Value Set (RF-S-017-02)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	NAME Value Set Name (DE5392)	Edits: This field cannot be modified. WHEN ADDed, it must be greater than SPACES or UNDERSCORES. Messages:	This is the Value Set description. This is the Value Set description. Must be greater than SPACES or UNDERSCORES. ADD (R/P) Enter the Value Set Name description. UPDATE (R/P) Enter the change to the Value Set Name

			INVALID DATA	description.
2	(EFFECTIVE DATES) BEGIN Value Set Effective Begin Date (DE5438)		Edits: Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but must fall after the Value Set Effective Begin Date. Cannot be set for a one-day span between Value Set Effective Begin and End dates. If date matches the Value Set Effective Begin date, the record will be deleted from the screen. Messages: DATE IS INVALID CANNOT CHANGE VALUE SET BEGIN DATE	Value Set Effective Begin Date. Value Set Effective Begin Date. Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but must fall after the Value Set Effective Begin Date. Cannot be set for a one-day span between Value Set Effective Begin and End dates. If date matches the Value Set Effective Begin date, the record will be deleted from the screen. ADD (R/P) Enter the effective Value Set Begin Date. - Date can be a future date. - Date must NOT be within the range of the Value Set Effective Begin Date and Value Set Effective End Date of another row with the same Value Set Description. UPDATE (R/P) Enter the change to the effective Value Set Begin Date. - Change is allowed when new Begin Date is greater or equal to current Begin Date.
3	(EFFECTIVE DATES) END Value Set Effective End Date (DE5439)		Edits: Must be valid date format (MMDDCCYY). Required if flag entered/changed. Any date must be a valid date format (MMDDCCYY). Any date can be entered, but must fall after the Value Set Effective Begin Date. Cannot be set for a one-day span between Value Set Begin and End dates. If date matches the Value Set Effective Begin date, the record will be deleted	Value Set Effective End Date. Value Set Effective End Date. Must be valid date format (MMDDCCYY). Required if flag entered/changed. Any date must be a valid date format (MMDDCCYY). Any date can be entered, but must fall after the Value Set Effective Begin Date. Cannot be set for a one-day span between Value Set Begin and End dates. If date matches the Value Set Effective Begin date, the record will be deleted from the screen. ADD (R/P) Enter the effective Value Set End Date. - Date can be a future date. - Date cannot be less than the Value Set Effective Begin Date. - Date must NOT be within the range of the Value Set Effective Begin Date and Value Set Effective End Date of another row with

		from the screen. Messages: DATE IS INVALID	the same Value Set Description. UPDATE (R/P) Enter the change to the effective Value Set End Date. - If New End Date is less than Begin Date, change is NOT allowed.
4	A/B Value Set Range Type (DE5440)	Edits: When entered, must be = 'A', 'B', 'C', or 'D'. Messages: INVALID VALUE ENTERED	Indicates the purpose of the Range. Indicates the purpose of the Range. When entered, must be = 'A' (Current Procedure Range) or 'B' (History Procedure Range). ADD (O/U) Enter the valid purpose of the Value Set Range. UPDATE (O/U) Enter the change to the purpose of the Value Set Range.
5	D.E. TYPE Value Set Data Element Type (DE5395)	Edits: This field is checked against the RF_SYS_PARAMETER Table for Validity. The data (e.g., 'PROC'), if found, gives the Type and Length that the data for the ranges should be. Messages: INVALID DE-TYPE ENTERED DATA ELEMENT TYPE MUST BE ENTERED	Indicates the type of data such as CPT Procedure Codes, ICD Procedure Codes, DSM Procedure Codes, Drug Codes (NDC), Revenue Codes, ICD Diagnosis Codes, Provider Types, Provider Specialties, Procedure Modifiers, Tooth Surfaces, Types of Service, Places of Service, Program Codes and Dates. Indicates the type of data such as CPT Procedure Codes, ICD Procedure Codes, DSM Procedure Codes, Drug Codes (NDC), Revenue Codes, ICD Diagnosis Codes, Provider Types, Provider Specialties, Procedure Modifiers, Tooth Surfaces, Types of Service, Places of Service, Program Codes and Dates. Use the On-line HELP system to find valid codes for this field. ADD (R/P) Enter the valid Data Element Type. UPDATE (R/P) Enter the change to the Data Element Type.
6	(VALUE SET RANGES) BEGIN RANGE Value Set Data Begin	Edits: Data can be ADDed or UPDATEd.	Beginning value of a range of values (from & thru) that is consistent with the Data Element Type. Beginning value of a range of values (from

		Edits	Description
	Range (DE5396)	- Data entered cannot overlap an existing set of Ranges in a row that has not been closed (nulls in Value Set Range End Date (DE5442) or whose End Date is in the future.	& thru) that is consistent with the Data Element Type e.g., 01 - 05 for Provider Type.
		- An overlap of Ranges is valid when the Value Set Range Begin Date (DE5441) is greater than the End Date of the row that has been 'closed'.	- Data entered cannot overlap an existing set of Ranges in a row that has not been closed in a Value Set Range End Date or whose End Date is in the future.
		- Numeric data must be entered for D.E. TYPEs that are identified as Numeric.	- An overlap of Ranges is valid when the Value Set Range Begin Date is greater than the End Date of the row that has been closed.
		- Value ranges identified as Date Type must pass a basic date edit.	- Numeric data must be entered for D.E. Types that are identified as Numeric.
		- All numeric values will be right justified in the output field on table and screen.	- All numeric values will be right justified in the output field on table and screen.
		- Value in BEGIN RANGE CANNOT be < value in END RANGE.	- Value in Begin Range cannot be less value in End Range.
		Messages:	ADD (R/P)
		INVALID DATA; BEGIN RANGE MUST BE ENTERED	Enter the value of a begin range of values that is consistent with the Data Element Type.
		BEGIN RANGE MUST BE LESS THEN OR EQUAL TO END RANGE	UPDATE (R/P) Enter the change to the value of a begin range of values that is consistent with the Data Element Type.
7	(VALUE SET RANGES) END RANGE	Edits: Data CAN be ADDed or UPDATEd.	Ending value of a range of values (from & thru) that is consistent with the Data Element Type.

| | Value Set Data End Range (DE5397) | - Data entered cannot overlap an existing set of Ranges in a row that has not been closed (nulls in Value Set Range End Date (DE5442)) or whose End Date is in the future.

- An overlap of Ranges is valid when the Value Set Range Begin Date (DE5441) for the new Range is greater than the End Date of the row that has been 'closed'.

- Numeric data must be entered for D.E. TYPEs that are identified Numeric.

- Value ranges identified as Date Type must pass a basic date edit.

- All numeric values will be right justified in the output field on table and screen.

- Value CANNOT be < value in BEGIN RANGE.

Messages:
INVALID DATA; END RANGE MUST BE ENTERED | Ending value of a range of values (from & thru) that is consistent with the Data Element Type.

- Data entered cannot overlap an existing set of Ranges in a row that has not been closed or whose End Date is in the future.

- An overlap of Ranges is valid when the Value Set Range Begin Date for the new Range is greater than the End Date of the row that has been closed.

- Numeric data must be entered for D.E. Types that are identified Numeric.

- All numeric values will be right justified in the output field on table and screen.

- Value cannot be of greater value in Begin Range.

ADD (R/P)
Enter ending value of a range of values that is consistent with the Data Element Type.

UPDATE (R/P)
Enter changes to the ending value of a range of values that is consistent with the Data Element Type. |
| 8 | (EFFECTIVE DATES) BEGIN
Value Set Range Begin Date (DE5441) | Edits:
Must be valid date format (MMDDCCYY). In Update or ADD mode, any date can be entered, but the date must fall before | Value Set Range Effective Begin Date.

Value Set Range Effective Begin Date. Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but the date must fall before the Value Set Range End Date. Cannot be set for a one-day span between Value Set Range Begin and End dates. If date matches the Value Set Range End |

		the Value Set Range End Date. Cannot be set for a one-day span between Value Set Range Begin and End dates. If date matches the Value Set Range End date, the record will be deleted from the screen. Messages: BEGIN DATE IS INVALID	date, the record will cease to be displayed on the screen. UPDATE Mode: - If new BEGIN DATE falls before the current BEGIN DATE - Change is allowed. ADD (R/U) Enter the effective Value Set Range Begin Date. - Date can be a future date. - Date must NOT be less than Value Set Begin Date or greater than Value Set End Date. - Date must NOT be within the range of the Value Set Range Begin Date and Value Set Range End Date of another Value Set Range row for this same set of ranges. UPDATE (R/U) Enter the change to the effective Value Set Range Begin Date.
9	(EFFECTIVE DATES) END Value Set Range End Date (DE5442)	Edits: Must be valid date format (MMDDCCYY). In Update or ADD mode, any date can be entered, but must fall after the Value Set Range Begin Date. Cannot be set for a one-day span between Value Set Range Begin and End dates. If date matches the Value Set Range Begin date, the record will no longer be displayed on the screen. Messages: END DATE IS INVALID RANGE BEGIN AND END DATES MUST	Value Set Range Effective End Date. Value Set Range Effective End Date. Must be valid date format (MMDDCCYY). In update, add, or delete mode, any date can be entered, but must fall after the Value Set Range Begin Date. Cannot be set for a one-day span between Value Set Range Begin and End dates. If date matches the Value Set Range Begin date, the record will no longer be displayed on the screen. ADD (O/U) Enter the effective Value Set Range End Date. Date can be a future date. Date cannot be greater than the Value Set End Date or less than the Value Set Begin Date. Date cannot be less than the Value Set Range Begin Date. UPDATE (O/U) Enter the change to the effective Value Set Range End Date. - If New End Date is less than Begin Date - change is not allowed.

		LIE BETWEEN VALSET BEGIN AND END DATES	
10	START KEY (DE0000)	Edits: Identifies which Begin Range Value to show as first ranges displayed on screen RF-S-017-02	Identifies which Begin Range Value to show as first ranges displayed on the screen. INQUIRY (O/U) Enter the beginning range you wish to begin the inquiry. Identifies which Begin Range Value to show as first ranges displayed on the screen. ADD (O/U) Not used for this function. UPDATE (O/U) Enter the beginning range you wish to begin updating.

NAVIGATION	Value Set (RF-S-017-02)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
SCROLL UP	Display previous set of scrollable Value Set ranges.	N/A
CLEARFORM	Program redisplays screen without any data.	N/A
CLEARRANGE	Redisplay screen without Range data for purposes of Adding a new Range row.	N/A
DIRECTORY	Program navigates to Value Set Directory program (RFT701).	N/A
ENTER	Depressing the <ENTER> key causes any updated data to be edited. If there are errors, an error message will be displayed. Only one detail line of data will be edited for possible Update/ADD at a time. Any changes in additional lines will be ignored.	N/A
SUB MENU	Return to Reference Subsystem Menu.	N/A
SCROLL DOWN	Display next set of scrollable Value Set ranges.	N/A
MAIN MENU	Program returns to Main System Menu.	N/A
REFRESH	Program re-reads for data previously displayed in order to incorporate any modifications. Same screen is displayed with re-read data.	N/A
RETURN	Return to invoking program.	N/A

| UPDT | Depressing the <UPDT> key causes any Added or updated data to be edited. If there are errors, an error message will be displayed. If there are no errors, then a new record will be Added or current record will be Updated. Only one detail line of data will be edited for possible Update/ADD at a time. Any changes in additional lines will be ignored. | N/A |

Error Messages

Error	Description	Resolution
42	ACCESS TO THE PROGRAM IS NOT AUTHORIZED	User does not have access to the screens chosen.
5086	AT LEAST ONE RANGE ROW REQUIRED TO ADD A VALUE SET	Information message.
5326	CANNOT CHANGE VALUE SET BEGIN DATE	See the on-line HELP for instructions on changing the value set begin date.
5270	CANNOT MODIFY BEGIN DATE AND ANOTHER FIELD IN THE SAME TRANSACTION	Information message.
5053	CANNOT MODIFY END DATE AND ANOTHER FIELD IN THE SAME TRANSACTION	Choose Enter to save the end date modification, then make further modifications.
5328	CANNOT UPDATE; RECORD CLOSED	Information message. No action needed.
5324	CLEAR FORM BEFORE ADDING NEW RECORD	Information message. No action needed.
5269	CLEARFORM IS VALID IN ADD MODE ONLY	Change to the maintenance screen to complete this action.
5085	COMMAND IS INVALID IN INQUIRY MODE	Switch to the maintenance screen to complete this task. See the on-line HELP system for instructions.
26	DATA ADDED	Information message. No action needed.
5161	DATA IS CORRECT YOU MAY NOW ADD THE RECORD.	Information message.
5160	DATA IS CORRECT YOU MAY NOW UPDATE THE RECORD.	Information message.
2	DATA NOT CHANGED	Information message. No action needed.
27	DATA UPDATED	Information message. No action needed.
5017	DATE IS INVALID	Enter a valid date. See the Field Definitions for specifications on the date to be entered.
5049	DATE IS INVALID (OVERLAP)	Enter another date. See the Field Definitions for specifications on the date to be entered.

3	DUPLICATE RECORD; NOT INSERTED	Information message. No action needed.
5060	ENTER DATA TO BE ADDED	Enter the data to be added and choose Enter.
5327	ERROR IN UPDATING DATA	Contact ACS Operations for assistance.
5065	INVALID DATA	See the Field Definitions for valid data/-formatting for this field.
5056	MUST ENTER BEGIN DATE	Enter a valid Begin Date in the field. See the Field Definitions for valid values for the field.
5325	NAME CANNOT BE CHANGED	Information message. No action needed.
43	UNIDENTIFIED SECURITY ERROR	User not authorized for the transaction.

Screen Access

From the VaMMIS Main Menu (RF-S-010):
1. Choose the Reference button.
2. You see the Reference Main Menu (RF-S-004).
3. Select Value Sets from the drop-menu in the System Support section.
4. Choose the Add radio button in the Function field.
5. Choose Enter.
6. You see the Value Set Directory screen (RF-S-017-01).
7. Enter an 'X' in the Command field of the value set you want to see.
8. Choose Enter.
9. You see the Value Set screen (RF-S-017-02).
New Screen Functionality: The begin date/end date parameters have changed for these date fields:
Data Element Type
As a general rule, you can enter any dates into the Begin Date and End Date fields. The dates you enter do NOT have to fall before the current date. Of course, the end date must fall after the begin date you enter. See the field instructions in this user manual for specific Begin…End fields on this screen. Also, see the page in VaMMIS Online HELP/Date Field Functionality for more description and examples of procedures for updating/deleting or adding begin/end dates in this Reference Sub-system.

Screens RF-S-080 RUG Codes

General Information

The RUG Codes screen presents RUG rate data. This screen is invoked by the Reference Sub-system Menu (RFT001).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Update
PROGRAM	RFT080
MAPSET	RF080
TRAN ID	VSI4 (Inquiry), VSI5 (Update)

SAMPLE	RUG Codes (RF-S-080)

MMIS

Help | Print | Lo

| Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL |
| Assessment | Drugs | Reports | | | | | | | | | |

Screen ID: **RF-S-013**
Trans ID: **VSH7**
Program ID: **RFT070VA**

Date: **11/22/20**
Time: **10:45**

VIRGINIA MEDICAID
OUTPATIENT SERVICES EAPG CODES - INQUIRY

EAPG Code	Weight	BEGIN Date	END Date	Description
001	000.105900	10012012	12319999	PHOTOCHEMOTHERAPY
002	000.884300	10012012	12319999	SUPERFICIAL NEEDLE BIOPSY AND ASPIRATIO
003	000.480900	10012012	12319999	LEVEL I SKIN INCISION AND DRAINAGE
004	002.313300	10012012	12319999	LEVEL II SKIN INCISION AND DRAINAGE
005	000.113500	10012012	12319999	NAIL PROCEDURES
006	000.535600	10012012	12319999	LEVEL I SKIN DEBRIDEMENT AND DESTRUCTIO
007	000.873400	10012012	12319999	LEVEL II SKIN DEBRIDEMENT AND DESTRUCTI
008	001.409600	10012012	12319999	LEVEL III SKIN DEBRIDEMENT AND DESTRUCT
009	001.042500	10012012	12319999	LEVEL I EXCISION AND BIOPSY OF SKIN AND
010	002.167700	10012012	12319999	LEVEL II EXCISION AND BIOPSY OF SKIN AN
011	004.316400	10012012	12319999	LEVEL III EXCISION AND BIOPSY OF SKIN A
012	000.303000	10012012	12319999	LEVEL I SKIN REPAIR
013	000.812100	10012012	12319999	LEVEL II SKIN REPAIR
014	001.917900	10012012	12319999	LEVEL III SKIN REPAIR
015	002.702100	10012012	12319999	LEVEL IV SKIN REPAIR
020	002.943900	10012012	12319999	LEVEL I BREAST PROCEDURES

Start Key Year 2012   EAPG 001

Scroll Up   Scroll Down

Enter   Update   Refresh   Return   Sub Menu   Main Menu

Virginia
Medicaid

MMIS

Help | Print | Lo

| Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment |
| Drugs | Reports |

Screen ID: RF-S-013
Trans ID: VSH8
Program ID: RFT070VA

VIRGINIA MEDICAID
OUTPATIENT SERVICES EAPG CODES - UPDATE

Date: 11/22/201
Time: 10:55

EAPG Code	Weight	BEGIN Date	END Date	Description
001	000.105900	10012012	12319999	PHOTOCHEMOTHERAPY
002	000.884300	10012012	12319999	SUPERFICIAL NEEDLE BIOPSY AND ASPIRATIO
003	000.480900	10012012	12319999	LEVEL I SKIN INCISION AND DRAINAGE
004	002.313300	10012012	12319999	LEVEL II SKIN INCISION AND DRAINAGE
005	000.113500	10012012	12319999	NAIL PROCEDURES
006	000.535600	10012012	12319999	LEVEL I SKIN DEBRIDEMENT AND DESTRUCTIO
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008	001.409600	10012012	12319999	LEVEL III SKIN DEBRIDEMENT AND DESTRUCT
009	001.042500	10012012	12319999	LEVEL I EXCISION AND BIOPSY OF SKIN AND
010	002.167700	10012012	12319999	LEVEL II EXCISION AND BIOPSY OF SKIN AN
011	004.316400	10012012	12319999	LEVEL III EXCISION AND BIOPSY OF SKIN A
012	000.303000	10012012	12319999	LEVEL I SKIN REPAIR
013	000.812100	10012012	12319999	LEVEL II SKIN REPAIR
014	001.917900	10012012	12319999	LEVEL III SKIN REPAIR
015	002.702100	10012012	12319999	LEVEL IV SKIN REPAIR
016	000.000000	10012012	12319999	

Start Key Year 2012   EAPG 001

Scroll Up   Scroll Down

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Description
1	EAPG Code (DE5064)	N/A	Code assigned for weight associated with procedures for Enhanced Ambulatory Patient Group Outpatient pricing.
2	Weight (DE5069)	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	Weight associated with procedures for Enhanced Ambulatory Patient Group for Outpatient pricing.
3	BEGIN Date (DE5066)	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	EAPG Begin date

		BEGIN DATE MUST BE >= PREVIOUS BEGIN DATE	
4	END Date (DE5067)	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD(S).	EAPG end date
		END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE.	
		DATES OVERLAP EXISTING RECORD(S).	
5	Description (DE5068)	N/A	EAPG Description
6	Start Key Year	MUST BE NUMERIC.	EAPG codes & weights applicable in the mentioned year.
7	EAPG (DE5064)	N/A	EAPG code to be searched

NAVIGATION	**Outpatient Services EAPG Codes (RF-S-013)**	
Function (B) or (M)	Action	Branch To (B) or Return To I
ENTER	This key initiates validation of data that the user has entered on the screen.	N/A
SUB MENU	Return to the Reference Sub-system menu program (RFT001).	N/A
MAIN MENU	Returns to Main System Menu	N/A
SCROLL DOWN	Display next set of detail EAPG Rate data.	N/A
SCROLL UP	Display next previous set of detail Rate data.	N/A
REFRESH	Redisplay data on screen from database.	N/A
RETURN	Return to the invoking program (RFT001 Reference Sub-system Menu).	N/A
UPDATE	This button performs data editing followed by data UPDATE if edits were passed.	N/A

Error Messages

Error	Description	Resolution
13	BEGIN DATE IS INVALID	Enter a valid Begin date. See the On-line HELP

		system for valid formatting/date range.
14	END DATE IS INVALID	Choose another function. See the On-line HELP system for valid formatting/date range.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
25	RECORD UPDATED	Information message. No action needed.
38	MISSING/INVALID DATA; CORRECT HIGHLIGHTED FIELD (S).	Correct the data
53	END DATE MUST BE GREATER THAN, OR EQUAL TO, BEGIN DATE.	Correct the end date.
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
75	INVALID DATA ENTERED	See the Field Definitions for valid data/-formatting for this field.
77	MUST BE NUMERIC.	Enter numeric data.
5030	DATES OVERLAP EXISTING RECORD(S)	Modify the date to eliminate the overlap. See the Field Definitions for these fields.
5029	ENTER NEW BEGIN DATE	Enter a New Begin Date. See the Field Definitions for formatting/requirements for this field.
5030	DATES OVERLAP EXISTING RECORD(S).	Correct begin and end dates.
5160	DATA IS CORRECT. YOU MAY NOW UPDATE THE RECORD.	Information message. No action needed.
5267	FIRST REGION ALREADY BEING DISPLAYED	Information message. No action needed.
5429	BEGIN DATE MUST BE >= PREVIOUS BEGIN DATE	Correct begin date.
7065	NOTHING TO VALIDATE; DATA HAS NOT CHANGED.	Information message. No action needed.

Screen Access

From the VaMMIS Main Menu (RF-S-010):	
1. Choose the Reference button.	
2. You see the Reference Main Menu (RF-S-004).	
3. Select Outpatient Services EAPG from the drop-menu in the Other box.	
4. Choose the Inquiry or Update radio button in the Function field.	
5. Choose Enter.	
6. You see the Outpatient Services EAPG Codes Inquiry or Update screen	

Screens RF-S-800 Batch On-Request Report Menu

General Information

This screen displays when the Batch On-Request Report button is chosen on the Main Menu (RF-S-010). It displays all subsystems that currently have On-Request reports. The user would select the sub-system from the SELECTION LIST drop-menu, and choose ENTER. This will transfer control to program, RFT801, which displays all on-request reports for the sub-system selected.

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry
PROGRAM	RFT800VA
MAPSET	RF800VA
TRAN ID	VSR0

SAMPLE	Batch On-Request Report Menu (RF-S-800)

Field Definitions

#	GSD Field Name	Edit Criteria Message	Field Instructions

	Data Element Name (ID)		
1	Selection Screen Functional Selection (DE5854)	Edits: Sub-system input must match one that is displayed on the screen. Messages: Function chosen is invalid.	The user will choose a subsystem from the drop-menu. All of the subsystems listed have batch on-request reports. N/A

NAVIGATION	Batch On-Request Report Menu (RF-S-800)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU	Returns the user to the VaMMIS main menu (RF-S-010).	N/A
ENTER	Navigates user to the Batch On-Request Report Selection Screen (RF-S-801).	N/A

Error Messages

Error	Description	Resolution
139	FUNCTION IS INVALID	Information message.

Screen Access

From the VaMMIS Main System Menu (RF-S-010):
1. Choose the Batch On-Request Report Button and choose ENTER.
2. You see the Batch On-request Report Menu (RF-S-800).
3. Choose the sub-system from the selection list drop-menu and choose ENTER.
4. The Batch On-Request Report Selection Screen (RF-S-801) displays all on-request reports for the sub-system.

Screens RF-S-801 Batch On-Request Report Selection Screen

General Information

This screen will display all On-Request reports that are available to select for execution in the next daily batch cycle. These On-Request reports are displayed by sub-system, which was selected in the previous menu (RF-S-800).

SOURCE/ORIGINATOR	Operator
USAGE	Inquiry, Add, Delete
PROGRAM	RFT801VA
MAPSET	RF801VA
TRAN ID	VSR1

SAMPLE	Batch On-Request Report Selection Screen (RF-S-801)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Report Selection Number Screen Functional Selection (DE5854)	Edits: Selection must match one that is displayed on the screen. Selection must be numeric. Messages: Invalid selection	N/A

		Selection must be numeric	
2	Selection number (DE0000)		The number assigned to the report. (P) The number assigned to the report. (P)
3	Report ID (DE0000)		The system-assigned report ID number. (P) The system-assigned report ID number. (P)
4	Program (DE0000)		The program that produces the report. (P) The program that produces the report. (P)
5	Report Description (DE0000)		A short description of the report. (P) A short description of the report. (P)
6	Job Job (DE0000)		The job number associated with the report. (P) The job number associated with the report. (P)
7	Parms (DE0000)		The parameters associated with the report. (P) The parameters associated with the report. (P)

NAVIGATION	Batch On-Request Report Selection Screen (RF-S-801)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
CLEAR	Return the user to the VaMMIS Main Menu, (RF-S-010).	N/A
ENTER	The user would key in the selection number for the report desired for execution. When the "Add Request" button is depressed, it flags that report so it will execute in the next daily batch cycle.	N/A
SUB MENU PF12	Returns user to the Batch On-Request Report Menu (RF-S-800).	N/A
DELETE REQUEST PF2	The user would key in the selection number for the report that has already been flagged for execution that day. When the "Delete Request" button is depressed, it removes the trigger for that user so that report will not execute in the next daily batch cycle.	N/A
SCROLL UP PF7	Enables backward scrolling on the reports displayed when multiple pages exist.	N/A
SCROLL DOWN PF8	Enables forward scrolling on the reports displayed when multiple pages exist.	N/A

Error Messages

Error	Description	Resolution
71	ALREADY AT THE FIRST PAGE; CANNOT SCROLL FURTHER	Information message.
72	ALREADY AT THE LAST PAGE; CANNOT SCROLL FURTHER	Information message.
15	FUNCTION CHOSEN IS INVALID	Choose another function.
87	INVALID SELECTION	Selection is invalid for this mode, enter another function.
77	MUST BE NUMERIC	Data must be only numeric. See the Field Definitions for valid data/formatting this field.

Screen Access

From the VaMMIS Main System Menu (RF-S-010):
1. Choose the Batch On-Request Report button.
2. You see the Batch On-Request Report Menu.
3. Choose a subsystem for which you want to see the on-request reports.
4. Choose Enter.
5. You see the Batch On-Request Report Selection Screen (RF-S-801).

Screens RF-S-802 Batch On-request Report Maintenance Screen

General Information

This screen enables a user to perform ADD/DELETE maintenance to setup rows for the Batch On-Request Reporting System. When new setup rows are added, they will display on the Batch On-Request Report Selection Screen (RF-S-801). Once displayed on screen (RF-S-801), these reports can be selected online to execute in the next daily batch cycle. If a report setup is deleted, it will not display on screen (RF-S-801), and must be requested to execute following manual processes.

SOURCE/ORIGINATOR	Operator
USAGE	Add, Delete
PROGRAM	RFT802VA
MAPSET	RF802VA
TRAN ID	VSR2

SAMPLE	Batch On-request Report Maintenance Screen (RF-S-802)

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	SUB-SYSTEM ID Terminal/PC Operator Data Entry (DE9998)	Edits: Must be PS, RF, CP, FN, EP or RS	N/A Subsystem ID must be PS, RF, CP, FN, EP or RS. Add (A)
2	JOBNAME Terminal/PC Operator Data Entry (DE9998)		N/A Enter job you wish to run. Add (A), Update (U)

3	REPORT ID Terminal/PC Operator Data Entry (DE9998)		N/A Enter Report ID. Add (A)
4	PROGRAM Terminal/PC Operator Data Entry (DE9998)		N/A Enter Report ID Add (A)
5	DESCRIPTION Terminal/PC Operator Data Entry (DE9998)		N/A Description of Report. Add (A)
6	PARM IND Terminal/PC Operator Data Entry (DE9998)		N/A Parameter Indicator. Can only enter 'N' Not required or 'R' Required. Add (A)

NAVIGATION	**Batch On-request Report Maintenance Screen (RF-S-802)**	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
MAIN MENU CLEAR KEY	Navigates the user back to the VaMMIS Main Menu Screen (RF-S-010).	N/A
ENTER	This is a process key that will cause the program to edit the entry fields keyed by the user.	N/A
SUB MENU PF12	Navigates the user back to the Reference Sub-system Menu Screen (Rf-S-001).	N/A
PF2	When the insert confirmation screen is displayed, this key will then do the physical insert of the new setup row to the RF_SYS_PARAMETER DB2 table.	N/A
PF3	When the delete confirmation screen is displayed, this key will then do the physical delete of the existing setup row from the RF_SYS_PARAMETER DB2 table.	N/A
PF4	This key will refresh the current screen, regardless of mode or what is currently displayed on the screen. It will unprotect and clear all input entry fields on the screen. It will display the screen just like it displayed for initial entry for the mode you have selected.	N/A

	(insert or delete)	
PF5	This key when pressed will take a user out of confirmation. This means that for INSERT mode it will unprotect all input entry fields on the screen and position your cursor to the Sub-System field. For DELETE mode it will unprotect the JOBNAME field, clear all other report setup fields, and position the cursor to the JOBNAME field.	N/A

Error Messages

Error	Description	Resolution
4468	ENTER DESCRIPTION	Enter valid values according to error message specifications.
3392	KEY DATA AND CHOOSE ENTER	Information message.
3032	RECORD ALREADY EXISTS	Information message. No action needed.
3033	RECORD DOES NOT EXIST	Information message.
5130	SUBSYSTEM CODE IS INVALID	Enter another subsystem code.

Screen Access

From the VaMMIS Main System Menu (RF-S-010):
1. Choose the Reference Subsystem icon.
2. The Reference Sub-system Menu (RF-S-001) is displayed.
4. Under the System Support drop-menu, choose Batch On-Request Report Maintenance.
5. Then select the ADD or UPDATE function and choose ENTER.
6. This will display screen (RF-S-802).

Screens RF-S-805 Transportation Broker Rates Maintenance
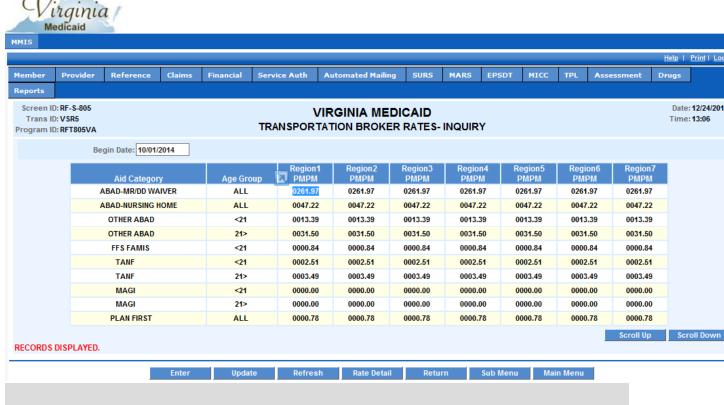
General Information

On-line inquiry, addition and update of Transportation Broker Rates used in the production of report RS-O-001 by program RSM205EA in job VAPEM215

SOURCE/ORIGINATOR	Terminal/PC Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT805VA
MAPSET	RF805VA
TRAN ID	VS05(Inquiry), VS06(Update), VS07(Add)

SAMPLE	Transportation Broker Rates Maintenance (RF-S-805)

https://www.test-dmas-portal.com/wps/myportal/HatsEMMISUT1/!ut/p/c5/fU9LDoIwFDyLJ3gFsbBtqUYbqEpBoBuC0RAIv0RCQk8vxjWdWU7mBwpW9uVcV-VUD33ZQgYKF9JCNvMjx7oKThFB3gnvY...

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| Member | Provider | Reference | Claims | Financial | Service Auth | Automated Mailing | SURS | MARS | EPSDT | MICC | TPL | Assessment | Drugs |

Reports

Screen ID: RF-S-805   **VIRGINIA MEDICAID**   Date: 12/24/201
Trans ID: VSR5   **TRANSPORTATION BROKER RATES- INQUIRY**   Time: 13:06
Program ID: RFT805VA

Begin Date: 10/01/2014

Aid Category	Age Group	Region1 PMPM	Region2 PMPM	Region3 PMPM	Region4 PMPM	Region5 PMPM	Region6 PMPM	Region7 PMPM
ABAD-MR/DD WAIVER	ALL	0261.97	0261.97	0261.97	0261.97	0261.97	0261.97	0261.97
ABAD-NURSING HOME	ALL	0047.22	0047.22	0047.22	0047.22	0047.22	0047.22	0047.22
OTHER ABAD	<21	0013.39	0013.39	0013.39	0013.39	0013.39	0013.39	0013.39
OTHER ABAD	21>	0031.50	0031.50	0031.50	0031.50	0031.50	0031.50	0031.50
FFS FAMIS	<21	0000.84	0000.84	0000.84	0000.84	0000.84	0000.84	0000.84
TANF	<21	0002.51	0002.51	0002.51	0002.51	0002.51	0002.51	0002.51
TANF	21>	0003.49	0003.49	0003.49	0003.49	0003.49	0003.49	0003.49
MAGI	<21	0000.00	0000.00	0000.00	0000.00	0000.00	0000.00	0000.00
MAGI	21>	0000.00	0000.00	0000.00	0000.00	0000.00	0000.00	0000.00
PLAN FIRST	ALL	0000.78	0000.78	0000.78	0000.78	0000.78	0000.78	0000.78

Scroll Up   Scroll Down

RECORDS DISPLAYED.

| Enter | Update | Refresh | Rate Detail | Return | Sub Menu | Main Menu |

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Effective Date (DE0000)	Edits: Should be a valid date Messages:	N/A
2	Transportation Broker Capitation Rates Capitation Rate for Age (DE5483)	Edits: Should be a valid rate Messages:	PMPM Rate. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Age range. PMPM Rate. This rate is paid to eligible providers for each enrollee assigned. The Rate is based on the enrollee Aid Category, Locality of enrollee's domicile (to determine a geographic Region), and the enrollee's Age range. This is a dollars and cents field. Must be greater than 0.00. A decimal point is acceptable separating the low order 2 characters from the high order positions. No commas may be entered. If no decimal point is entered, then the value for the cents portion will be 00 (e.g., if 850 is entered, then the stored value is 850.00). Maximum value is 9999.99. ADD (R/U) Enter the rate paid to eligible providers for each enrollee assigned.

NAVIGATION	Transportation Broker Rates Maintenance (RF-S-805)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
ADD/UPDATE	Adds the new rates to the database	N/A
CLEAR	Navigates the user back to the VaMMIS Main Menu Screen (RF-S-010)	N/A
ENTER KEY	This is a process key that will cause the program to edit the entry fields keyed by the user	N/A

SCROLL DOWN	Displays next sequential scrollable list of rates	N/A
SCROLL UP	Displays previous sequential scrollable list of rates	N/A
REFRESH SCREEN	Refreshes the screen with the last updated data from the database	N/A
RETURN	Navigates the user back to the Reference Sub-system Menu Screen (RF-S-004)	N/A
SUB MENU	Navigates the user back to the Reference Sub-system Menu Screen (RF-S-004)	N/A
TRANSFER CONTROL TO RATE DETAIL SCREEN	Transfers control to the "Transportation Broker rates -Detail (RF-S-806)" screen, based on the cursor position	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

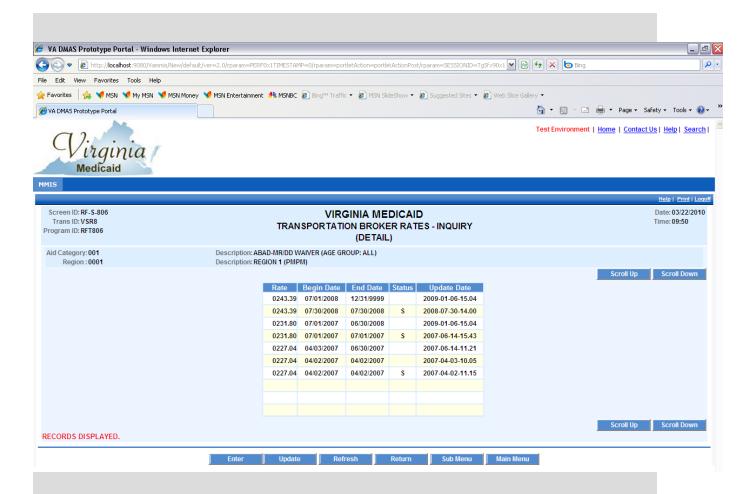| |
|---|
| 1. VIRGINIA MEDICAID - MAIN SYSTEM MENU |
| A. Click on ' REFERENCE' icon. |
| 2. VIRGINIA MEDICAID - REFERENCE SUBSYSTEM MENU: |
| A. Click on 'OTHER' drop down list box |
| B. Click on 'TRANSPORTATION BROKER RATES'. |
| C. Click on 'UPDATE' OR 'ADD' radio button as appropriate. |
| D. Click on 'ENTER' push button. |

Screens RF-S-806 Transportation Broker Rates Maintenance (Detail)

General Information

On-line inquiry, addition and update of Transportation Broker Rates used in the production of report RS-O-001 by program RSM205 in job VMPEM202

SOURCE/ORIGINATOR	Terminal/PC Operator
USAGE	Inquiry, Update, Add
PROGRAM	RFT806VA
MAPSET	RF806VA
TRAN ID	VS08(Inquiry), VS09(Update), VSS0(Add)

SAMPLE	**Transportation Broker Rates Maintenance (Detail) (RF-S-806)**

Field Definitions

#	GSD Field Name Data Element Name (ID)	Edit Criteria Message	Field Instructions
1	Aid Catergory Enrollee Eligibility Aid Category (DE3009)	Edits: Messages:	N/A
2	Description (DE0000)	Edits: Messages:	N/A
3	Region Region Code (DE5249)	Edits: Messages:	N/A
4	Desc (DE0000)	Edits: Messages:	N/A
5	Rate	Edits:	N/A

	Capitation Rate for Age and Gender (DE5483)	Should be a valid rate Messages:	
6	Begin Date Capitation Rate Effective Begin Date (DE5478)	Edits: Should be a valid date Messages:	N/A
7	End Date Capitation Rate Effective End Date (DE5479)	Edits: Messages:	N/A
8	Status (DE0000)	Edits: Should be "S"(system void), "V"(user void) or spaces. Messages:	N/A
9	Last Updated (DE0000)	Edits: Messages:	N/A

NAVIGATION	Transportation Broker Rates Maintenance (Detail) (RF-S-806)	
Function (B) or (M)	Action	Branch To (B) or Return To (R)
UPDATE	Adds the new rate to the database	N/A
CLEAR	Navigates the user back to the VaMMIS Main Menu Screen (RF-S-010)	N/A
ENTER KEY	This is a process key that will cause the program to edit the entry fields keyed by the user	N/A
SCROLL DOWN	Displays next sequential scrollable list of Rates or Displays next sequential scrollable list of Aid Category, Region and the corresponding list of Rates	N/A
SCROLL UP	Displays previous sequential scrollable list of Rates or Displays previous sequential scrollable list of Aid Category, Region and the corresponding list of Rates	N/A
REFRESH SCREEN	Refreshes the screen with the last updated data from the database	N/A
RETURN	Navigates the user back to the "Transportation	N/A

	Broker Rates Screen (RF-S-805)"	
SUB MENU	Navigates the user back to the Reference Sub-system Menu Screen (RF-S-004)	N/A

Error Messages

Error	Description	Resolution
None	N/A	N/A

Screen Access

1. VIRGINIA MEDICAID - MAIN SYSTEM MENU
A. Click on ' REFERENCE' icon.
2. VIRGINIA MEDICAID - REFERENCE SUBSYSTEM MENU:
A. Click on 'OTHER' drop down list box
B. Click on 'TRANSPORTATION BROKER RATES'.
C. Click on 'UPDATE' OR 'ADD' radio button as appropriate.
D. Click on 'ENTER' push button.
3. VIRGINIA MEDICAID - TRANSPORTATION BROKER RATES:
A. Place the cursor on a rate.
B. Click on 'RATE DETAIL' push button